

SECRET

Official Personnel Folder

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441180

REMOVED



SECRET

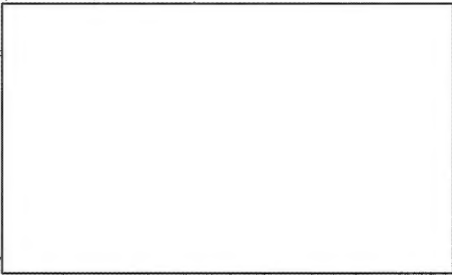
REPRODUCTION MASTERS

SECRET

BIOGRAPHIC PROFILE

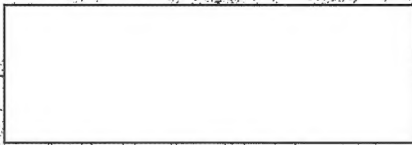
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H a n d l e W i t h C a r e



Ref. 10 75

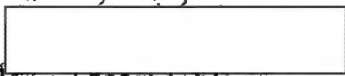
23 February 1977



Dear Mr. [Redacted]

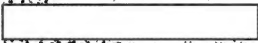
Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,



Chief, Control Division

Dist.
Orig. - Adsp.
1 - TRB



OR/TRB/PCS/GSmith:isa(23Feb77)

UNCLASSIFIED

INTERNAL USE ONLY

CONFIDENTIAL

SECRET

ROUTING AND RECORD SHEET

SUBJECT: (Optional)

FROM:

[Redacted]

gld

EXTENSION

NO

5695

DATE

02/22/77

TO: (Officer designation, room number, and building)

DATE

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1.

OC/TRB

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

Enclosed is correspondence received in the Agency to be forwarded to you. Pursuant to the Privacy Act of 1974, we have made no response. In accordance with our policy, the request is mailed to you for any personal attention you wish to give it.

Sincerely,

310

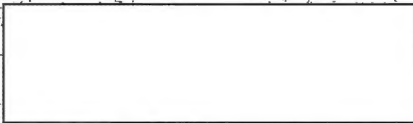
SECRET

CONFIDENTIAL

INTERNAL USE ONLY

UNCLASSIFIED

21 MAY 1975



Dear Mr. 

I am happy to send to you, under separate cover, your Agency Retirement Medallion. The Medallion is a tangible form of recognition and appreciation of your service to the Agency. It should serve as a lasting reminder of an honorable career, rewarding associations and the knowledge that you played your part in a vital activity.

Let me, therefore, add my congratulations and wish you the very best for the future.

Sincerely,



Director of Personnel

Form 200 (Rev. 1-1-73)
95-6755

21 APR 1975

[Redacted]

Dear Mr. [Redacted]

As you bring to a close your active career of service to your country, I join your friends and colleagues in wishing you well in your retirement.

It takes the conscientious efforts of many people to do the important work of this Agency. You leave with the knowledge that you have personally contributed to our success in carrying out our mission. Your faithful and loyal support has measured up to the high ideals and traditions of the Federal service.

May I extend to you my sincere appreciation for the important work you have done.

Sincerely,

W. E. Colby
Director

Distribution:
0 - Addressee
1 - OPE
Originator: [Redacted] Director of Personnel
OP/RAD/ROB/[Redacted] JAW/3287 (25 April 1975)

21 APR 1975

DL 48 23 MAY 75

NOTIFICATION OF PERSONNEL ACTION

1. CP

2. SERIAL NUMBER 3. NAME (LAST FIRST MIDDLE)

4. NATURE OF PERSONNEL ACTION (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSL

5. EFFECTIVE DATE
MO DA YR
05 15 75

6. CATEGORY OF EMPLOYMENT

REGULAR

7. FUNDS: V TO V V TO CP CP TO V CP TO CP

8. PAN AND NSCA

9. C/C OF OTHER LEGAL AUTHORITY

10. LOCATION OF OFFICIAL STATION

PI 88-643 SGT 331

11. POSITION TITLE

OPS OFFICER

12. EMPLOY NUMBER

J007

13. SERVICE DESIGNATION

J-40

14. CLASSIFICATION SCHEDULE (E.G. 18, 24)

GS

15. OCCUPATION SERIES

0136, 31

16. GRADE AND STEP

13 6

17. SALARY OR RATE

734.51

18. REMARKS

SIGNATURE OF OTHER AUTHORITY PERSON

SECRET

(U.S. Gov. Form No. 1)

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 2 MAY 1975																				
1. SERIAL NUMBER []		2. NAME (Last-First-Middle) []																				
3. NATURE OF PERSONNEL ACTION RETIREMENT - DISABILITY - CIARDS FROM EXTENDED SICK LEAVE		4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 05 14 75																				
5. PAYERS X TO V OF TO V		6. CATEGORY OF EMPLOYMENT REGULAR																				
7. RELATIONSHIP DESIGNATIONS DDO/EA-DIVISION DEVELOPMENT COMPLEMENT		8. LEGAL AUTHORITY (Complied by Office of Public Law 88-643, Section 231)																				
9. POSITION TITLE OPS OFFICER		10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.																				
11. CLASSIFICATION SYMBOL (G.S. I.B. no.) GS		12. POSITION NUMBER DCOF																				
13. OCCUPATIONAL SERIES 0136.01		14. CAREER SERVICE DESIGNATION DMG																				
15. GRADE AND STEP 13/6		16. SALARY OR RATE \$ 25,451 ✓																				
17. REMARKS LWD: 6 SEPTEMBER 1974 Co-ordinated with [] / ROB 22 May 1975. [] [] []																						
18. DATE SIGNED 5/16/75		19. OFFICER []																				
20. DATE SIGNED 6/1/75		21. OFFICER []																				
SPACE RESERVE FOR EXCLUSIVE USE OF []																						
<table border="1"> <tr> <td>22. ATTENDANCE</td> <td>23. ABSENCE</td> <td>24. DUES</td> <td>25. LEAVES</td> <td>26. PAY</td> <td>27. PENSION</td> <td>28. OTHER</td> <td>29. DATE OF BIRTH</td> <td>30. DATE OF MARRIAGE</td> <td>31. DATE OF DEPARTURE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>			22. ATTENDANCE	23. ABSENCE	24. DUES	25. LEAVES	26. PAY	27. PENSION	28. OTHER	29. DATE OF BIRTH	30. DATE OF MARRIAGE	31. DATE OF DEPARTURE										
22. ATTENDANCE	23. ABSENCE	24. DUES	25. LEAVES	26. PAY	27. PENSION	28. OTHER	29. DATE OF BIRTH	30. DATE OF MARRIAGE	31. DATE OF DEPARTURE													

1187

SECRET

FORM NO. 1 (REV. 1-75)

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
3 September 1974

1. SERIAL NUMBER		NAME (Last-First-Initial)		3. CATEGORY OF EMPLOYMENT	
2. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. USUAL AUTHORITY (Completed by Office of Personnel)	
Extended Sick Leave Pending Disability Retirement NTE: 14 MAY 75		MONTH DAY YEAR 09 08 74		Regular	
6. FUNDS		7. PAY AND NSCA		8. USUAL AUTHORITY (Completed by Office of Personnel)	
X V TO V O TO V		5237-1392 0000			
9. OCCASIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION			
DDO/EA Division Development Complement		Wash., D. C.			
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION	
Ops Officer		9997		DMG	
14. CLASSIFICATION SYMBOL (U.S. E.A. 48)		15. OCCASIONAL SERIES		16. GRADE AND STEP	
GS		0138.01		13 0	
17. SALARY GRADE		18. REMARKS			
24,122					

LWD: 6 September 1974

HB: EA

Pending Disability Retirement

Reassigned from DDO/EA [] Position 4408

*OTHER

19. OFFICER	DATE SIGNED
Michael Paylor CEA/PWR	9/10/74
CNG/NEP 12	6 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

20. EMPLOY CODE	21. OFFICE CODE	22. LETTERS	23. SYMBOL	24. POST CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
34 410	01						
28. EMP CODE	29. EMP CODE	30. BIRTH DATE	31. SEPARATION DATE	32. SECURITY	33. SECURITY		34. SSN
	SK				EOD DATA		
35. EMP CODE	36. EMP CODE	37. EMP CODE	38. EMP CODE	39. EMP CODE	40. EMP CODE	41. EMP CODE	42. EMP CODE
43. EMP CODE	44. EMP CODE	45. EMP CODE	46. EMP CODE	47. EMP CODE	48. EMP CODE	49. EMP CODE	50. EMP CODE
51. EMP CODE				52. EMP CODE			
9/12/74				9/12/74			

SECRET

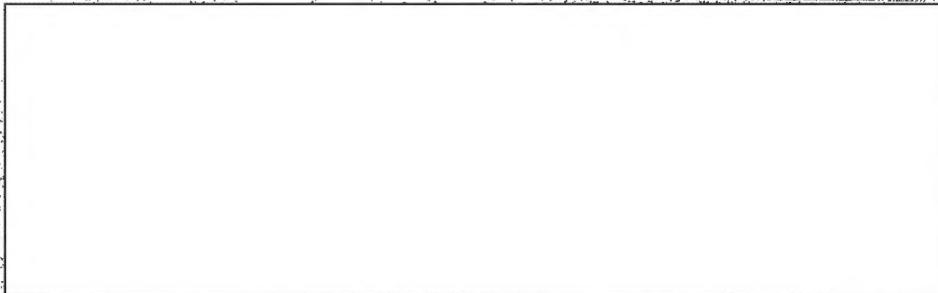
FORM NO. 101 (Rev. 1-73)

101

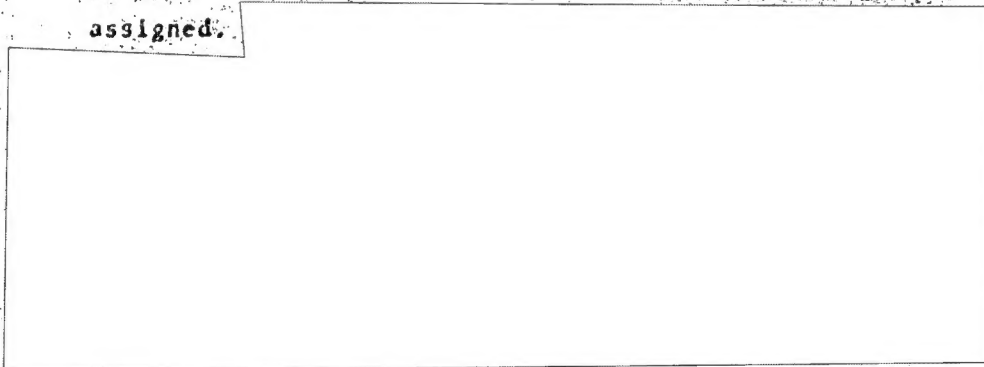
SUMMARY OF AGENCY EMPLOYMENT



1955-1962: Economic Analyst - Conducted research and analysis including statistical studies of Sino-Soviet Bloc production of military equipment and related materials.



1963-1974: Intelligence Operations Officer - Served in various staff, supervisory and liaison capacities on U.S. and Asian area assignments. Was primarily concerned with the collection, evaluation and reporting of high priority intelligence of national interest including economic, political, social and military aspects of nations where assigned.



Supervised a staff [redacted]
[redacted] and provided guidance and assistance
to colleagues involved in similar activities. At various
times was responsible for the staffing, budgeting and
management of major programs and projects.

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
9 September 1974

1. SERIAL NUMBER
2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION
Reassignment

4. EFFECTIVE DATE REQUESTED
MONTH: 09 DAY: 05 YEAR: 74

5. CATEGORY OF EMPLOYMENT
Regular

6. FUNDS
X V TO V
Q TO V
V TO Q
Q TO Q

7. FAN AND NSCA
5237-1392 0000

8. LEGAL AUTHORITY (Complied by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS
DDO/EA Division
Development Complement

10. LOCATION OF OFFICIAL STATION
Washington, D.C.

11. POSITION TITLE
Ops Officer

12. POSITION NUMBER
9997

13. CAREER SERVICE DESIGNATION
DMG

14. CLASSIFICATION SCHEDULE (GS, LP, etc.)
GS

15. OCCUPATIONAL SERIES
0136-01

16. GRADE AND STEP
13 6

17. SALARY OR RATE
24,122

18. REASON
Reassigned from: DDO/EA/JK/K Position #4408
Pending Disability Retirement
OTHER

*HB:EA

18A. DATE SIGNED: 9/10/74
18B. APPROVING OFFICER: CMG/MID
DATE SIGNED: 11 Sept 74

SPACE BELOW FOR EXCLUSIVE USE OF

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES NUMBER ALPHABETIC	22. STATION CODE	23. UTICALE CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	18	457M/EA	75013		1			
28. RET. EXPIRES	29. SPECIAL PAY/INCENTIVE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. COLLECTION/CONCILIATION DATA	FOD DATA			33. SECURITY RES. NO.
34. SERV. COMP. DATE	35. LEAVE COMP. DATE	36. CAREER CATEGORY	FICLI/HEALTH INSURANCE			SOCIAL SECURITY NO.		
37. PREVIOUS CIVILIAN GOVERNMENT SERVICE			38. LEAVE CAT.	39. FEDERAL TAX DATA	STATE TAX DATA			
0-NO PREVIOUS SERVICE 1-NO BREAK IN SERVICE 2-BREAK IN SERVICE (LESS THAN 3 YEARS) 3-BREAK IN SERVICE (MORE THAN 3 YEARS)								

43. POSITION CONTROL CERTIFICATION
44. OFF APPROVAL
DATE APPROVED: 9/10/74

FORM 1152
1-72

USE PREVIOUS EDITION

SECRET

CLASSIFIED BY 01-0332

14-7
APR 68

141

6 SEP 1974

MEMORANDUM FOR : [REDACTED]
THROUGH : Head of D Career Service
SUBJECT : Notification of Approval of Disability Retirement

1. This is to inform you that the Director of Personnel has approved your request for disability retirement under the CIA Retirement and Disability System. On the basis of medical evidence, the Director of Personnel has determined that your disability is of a permanent nature; therefore, no further medical review of your case will be required.

2. Your retirement will become effective 14 May 1975, the expiration date of your accrued sick leave. You may be assured that every effort will be made to expedite delivery of your first check following completion of the administrative details required to effect your retirement.

[REDACTED]
Chief
Retirement Affairs Division

Distribution:
0 - Addressee
1 - D Career Service
1 - OMS
1 - CPF
1 - ROB Soft File
1 - ROB Reader

OP/RAD/ROB/[REDACTED] jat/3257 (5 September 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

2 JUL 1974

MEMORANDUM FOR : Chairman, Board of Medical Examiners

SUBJECT : Request for Medical Evaluation -
[REDACTED]

1. Subject, a participant in the CIA Retirement and Disability System, has applied for disability retirement under the provisions of Section 231 of Public Law 88-643, Central Intelligence Agency Retirement Act of 1964 for Certain Employees. It is requested that a medical examination be arranged for Subject and that a written report of the Board of Medical Examiners as proscribed in paragraph f.(4) of HR 20-50 be submitted to the Director of Personnel.

2. Attached are copies of the Supervisor's Statement and the Application for Disability Retirement. The Office of Personnel has been advised by the Office of Medical Services that a private physician's statement has been forwarded directly to them.

3. Mr [REDACTED] will remain on duty pending a decision on his application for retirement.

[REDACTED]
Deputy Director of Personnel
for Special Programs

Attachments:

- a. Supervisor's Statement
- b. Application

Distribution:

- 0 & 1 - Addressee
- 1 - D/Pers
- 1 - OPF
- 1 - ROB Soft File
- 1 - ROB Folder

OP/RAD/ROB/[REDACTED] jat/3257 (28 June 1974)

ADMINISTRATIVE
INTERNAL USE ONLY

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

3 JANUARY 1974

1. SERIAL NUMBER		2. NAME (Last-First-Middle)		3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT	
				REASSIGNMENT		MONTH DAY YEAR 01 20 74		REGULAR	
6. FUNDS		7. FINANCIAL ANALYSIS NO. (CHARACTER)		8. LEGAL AUTHORITY (Complied by Office of Personnel)		9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
X V TO V O TO V		4237-1374-0000				DDO/EAST ASIA DIVISION		WASHINGTON, D.C.	
11. POSITION TITLE		12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION		14. CLASSIFICATION SYMBOL (GS, LS, etc.)		15. OCCUPATIONAL SERIES	
OPS OFFICER		4408 4400		D		GS		0136.01	
		16. GRADE AND STEP		17. SALARY OR RATE				13 6	
				\$24,122					

18. REMARKS
FROM: EA/PMI #4024

DATE SIGNED	DATE SIGNED
EA/PERS 1/01/74	7 Jan 74

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATUS CODE	23. INTITLE CODE	24. POSTS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
3710	4500	EA	7013					
28. NTE CLASSES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/CANCELLATION DATA	EOD DATA		33. SECURITY REQ. NO.	34. SER
35. VET. PREFERENCE	36. SERV COMP. DATE	37. LOWS COMP. DATE	38. EARLY CATEGORIES	39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. FEDERAL CIVILIAN GOVERNMENT SERVICE	42. MILITARY SERVICE	43. FEDERAL TAX DATA	44. STATE TAX DATA					
45. POSITION CONTROL CERTIFICATION		46. CP APPROVAL		DATE APPROVED				
11013 1-8-74				1-9-74				

FORM 1152 USE PREVIOUS EDITION

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED
2 OCTOBER

F
8

1. SERIAL NUMBER		2. NAME (Last-First-Middle)		3. CATEGORY OF EMPLOYMENT	
[REDACTED]		[REDACTED]		REGULAR	
4. REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS				5. EFFECTIVE DATE REQUESTED	
Y TO V				MONTH DAY YEAR 10 14 73	
Y TO O				6. PAR AND NSCA	
KX O TO V				4237-1374-0000	
O TO O				7. LEGAL AUTHORITY (Completed by Office of Personnel)	
8. ORGANIZATIONAL DESIGNATION				9. LOCATION OF OFFICIAL STATION	
DDO/EA DIVISION				WASH., D.C.	
10. POSITION TITLE				11. POSITION NUMBER	
OPS OFFICER (D-13)				4024	
12. CLASSIFICATION SCHEDULE (GS, LB, etc.)				13. CAREER SERVICE DESIGNATION	
GS				D	
14. OCCUPATIONAL SERIES				15. GRADE AND STEP	
0136.01				13 6A	
16. REMARKS				17. SALARY OR RATE	
FROM: DDO/EA/PMI/MS/#4939/MANILA, P.I.				24,132 22,745	

DATE SIGNED	DATE SHOWN
10/2/73	10-4-73

F
20

SPACES BELOW FOR EXCLUSIVE USE

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INITIALS CODE	24. REGIES CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LSI
70	10	45140 EA	7003					
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. LOGGING TYPE	33. SECURITY REG NO	34. SEX	EOD DATA	
35. VET. PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		
3-80 PREVIOUS SERVICE 1-80 SERVICEMAN 2-22 YEAR IN SERVICE (LESS THAN 3 YEARS) 3-80 YEAR IN SERVICE (MORE THAN 3 YEARS)				FEDERAL BASE/STEP CODE		STATE TAX DATA		
				1-715 2-80		FORM EXECUTED 1-715 2-80		
45. POSITION CONTROL CERTIFICATION				46. O	DATE APPROVED			
URB 10-4-73					9 Oct 73			

FORM 8-72 1152

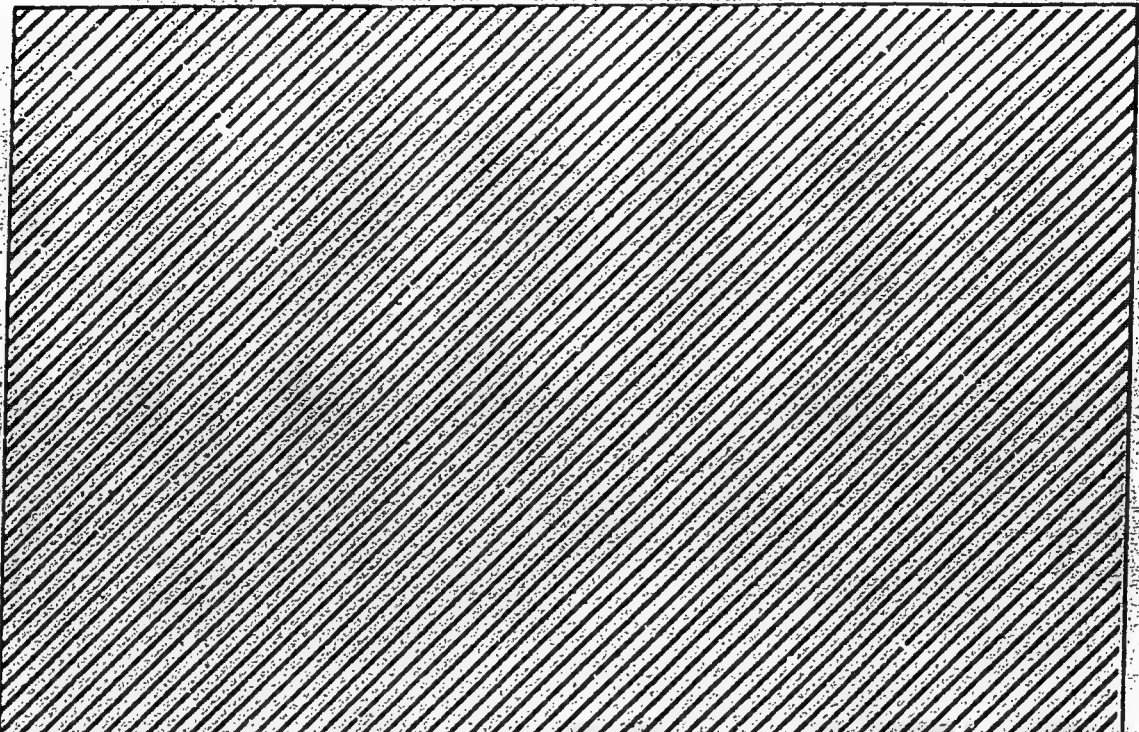
USE PREVIOUS EDITION

SECRET CLASSIFIED BY 01-0332

11-2 APCD

14

ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
[Redacted]	[Redacted]	74-0194

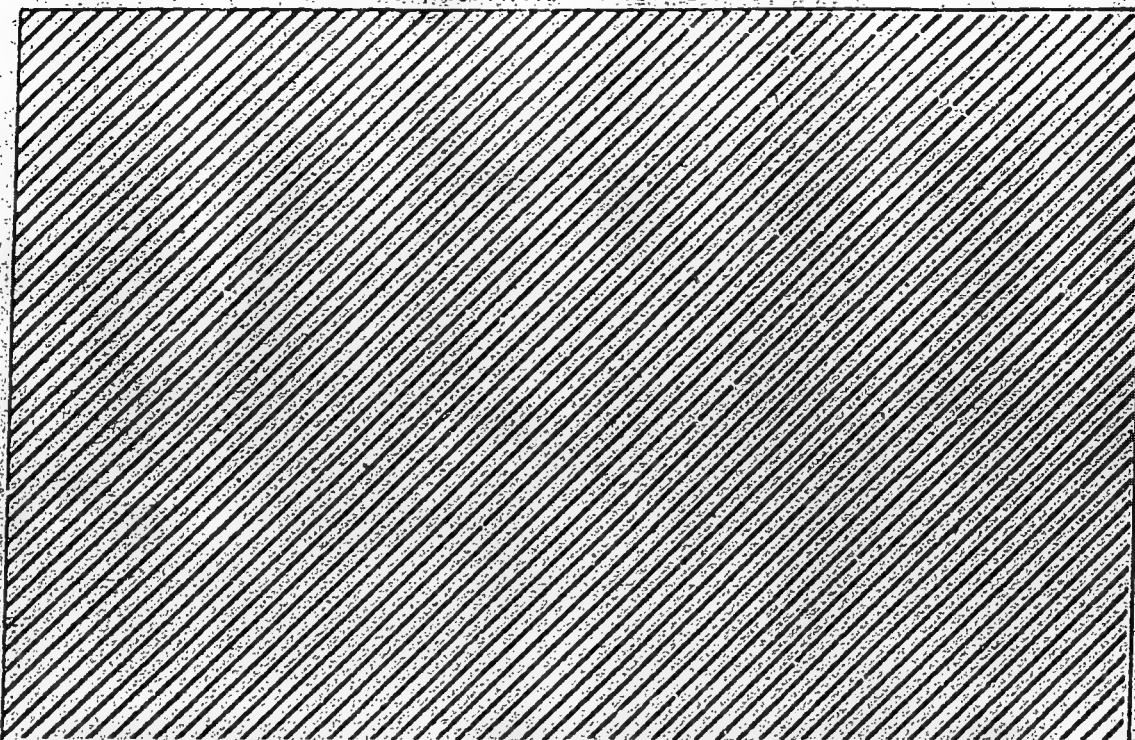
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1 July 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
11 Sept 1973	[Redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE


ADMINISTRATIVE - INTERNAL USE ONLY



NAME OF EMPLOYEE (Last-First-Middle)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
	Self	74-0096

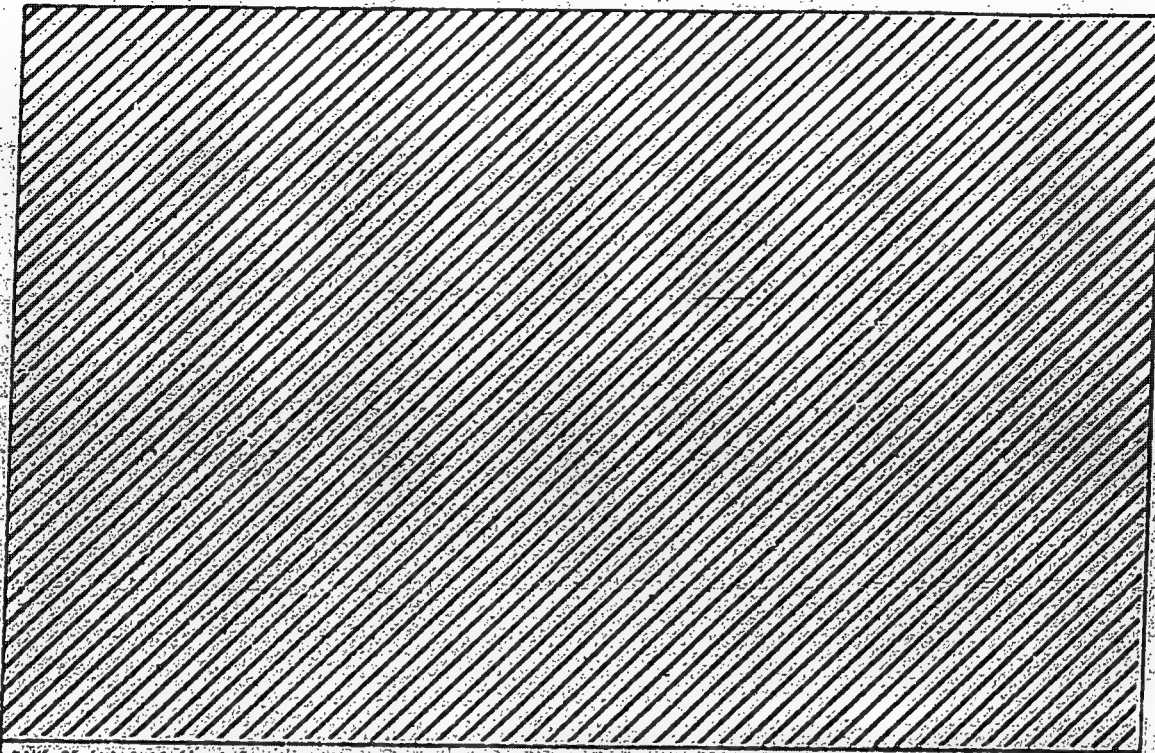
There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 30 June 1973.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF BSO REPRESENTATIVE
27 August 1973	

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Initial)	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER
[Redacted]	SELF	72-0959

There is on file in the Personal Affairs Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 18 February 1972.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE	SIGNATURE OF DSO REPRESENTATIVE
9 May 72	[Redacted]

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

1-21641

MEMORANDUM FOR: Deputy Director for Plans 20 Apr 71

THROUGH : Director of Personnel

SUBJECT : Departure Short of Tour and Home Leave -
[redacted]

REFERENCE : CSN 20-89, PERSONNEL, 16 April 1971

1. Paragraph four contains a recommendation for your approval.
2. [redacted] is a GS-13 Operations Officer who has been assigned [redacted] since 20 May 1969. His current tour will end on 19 May 1971; his request for a second tour after home leave has been approved.
3. Mr. [redacted] wife has acrophobia and does not fly. In view of her condition she has been authorized round-trip travel by sea. The Division has authorized [redacted] and children to accompany her on the voyage [redacted] to the U. S.
4. [redacted] advises that the [redacted] can be accommodated on a ship scheduled to sail [redacted] on 3 May. In order to make the sailing, [redacted] would have to depart post before completion of his tour. The Far East Division recommends approval [redacted] short of tour for home leave.

William E. Nelson
 William E. Nelson
 Chief, Far East Division

CONCUR:

J. C. Christy
 Director of Personnel

20 April 1971
 Date

The request contained in Paragraph four is APPROVED:

D. A. Moran
 Deputy Director for Plans

3 May 71
 Date

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

18 AUGUST 1970

F
22

1 SERIAL NUMBER	2 NAME (Last-First-Middle)

3 REASSIGNMENT	4 EFFECTIVE DATE REQUESTED	5 CATEGORY OF EMPLOYMENT
	88 21 70	REGULAR

6 FUNDS	V TO V	V TO C	7 FINANCIAL ANALYSIS NO. CHARGEABLE	8 LEGAL AUTHORITY (Complied by Office of Personnel)
		X C TO C	1137-1639	

9 ORGANIZATIONAL DESIGNATIONS	10 LOCATION OF OFFICIAL STATION
DUP/FE FOREIGN FIELD	

11 POSITION TITLE	12 POSITION NUMBER	13 CAREER SERVICE DESIGNATION
OPS. OFFICER	4945	D

14 CLASSIFICATION SCHEDULE (GS, LS, PW, ...)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	0136.01	13 4	\$ 18,437

18 REMARKS
FROM: WANE/4947

18A SIGNATURE	DATE SIGNED	18B SIGNATURE	DATE SIGNED
			6 AUG 1970

LOW FOR EXCLUSIVE USE

19 ACTION CODE	20 EMPLOY CODE	21 OFFICE CODING	22 STATION CODE	23 INTEGRAL CODE	24 ROOMS CODE	25 RATE OF RENT	26 DATE OF GRACE	27 DATE OF LEI
37	10	45440 FE	57557		3			
28 WTE EXPRES	29 SPECIAL REFERENCE	30 RETIREMENT DATA	31 SEPARATION DATA CODE	32 DEFECTION	33 SECURITY REQ NO	34 SEN	EOD DATA	
35 NET PREFERENCE	36 SERV. COMP. DATE	37 ICMS COMP DATE	38 CAREER CATEGORY	39 LEGAL HEALTH INCAPACITATION	40 SOCIAL SECURITY NO			
41 PREVIOUS CIVILIAN GOVERNMENT SERVICE	42 LEISURE CODE	43 FEDERAL TAX DATA	44 FORM EXECUTED	45 SERVED DATA	46 SOCIAL SECURITY CODE			
45 POSITION CONTROL CERTIFICATION	46 O.P. APPROVAL		DATE APPROVED					
			08.21.70					

FORM 1152 3-67 USE PREVIOUS EDITIONS

SECRET

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
1. SERIAL NUMBER		2. NAME (Last-First-Initial)		18 AUGUST 1970	
3. NATURE OF PERSONNEL ACTION			4. EFFECTIVE DATE REQUESTED		5. CATEGORY OF EMPLOYMENT
REASSIGNMENT			MONTH DAY YEAR		REGULAR
6. FUNDS			7. FINANCIAL ANALYSIS NO. CHARGEABLE		8. LEGAL AUTHORITY (Completed by Office of Personnel)
V TO V O TO V			V TO O O TO O		1137-1639
9. ORGANIZATIONAL DESIGNATIONS			10. LOCATION OF OFFICIAL STATION		
DEP/TE FOREIGN FIELD					
11. POSITION TITLE		12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION		
OFF OFFICER		3-1A	14		D
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)		15. OCCUPATIONAL SERIES	16. GRADE AND STEP		17. SALARY OR RATE
GS		0156-01	13 A		\$ 18,537.
18. REMARKS					
FROM: SANE/1947					
18A. SIGNATURE		DATE SIGNED		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
		8 AUG 1970			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL					
19. ACTION CODE	24. EMPLOY CODE	21. OFFICE CODES		23. STATUS CODE	25. INTEGRAL CODE
		NUMERIC ALPHABETIC			
28. RATE EXPIRES		29. SPECIAL REFERENCE	30. EMPLOYEE DATA		31. SEPARATION DATA CODE
MO. DA. YR.			TYPE CODE		
35. VET PREFERENCE		36. SERV. COMP. DATE		37. LEAS. COMP. DATE	
CODE		MO. DA. YR.		MO. DA. YR.	
21. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. CLEAR CAT. CODE		43. FEDERAL TAX DATA
0-NO PREVIOUS SERVICE 1-NO FEES TO SERVICE 2-LESSER FEES (LESS THAN 3 YEARS) 3-GRAND FEES (MORE THAN 3 YEARS)					FORM EXEMPTED CODE 1-YES 2-NO
					44. SOCIAL SECURITY NO.
					NO. STATE CODE
					DATE APPROVED
45. POSITION CONTROL CERTIFICATION			46. OFF. APPROVAL		DATE APPROVED

FORM 3-67 1152 USE PREVIOUS EDITIONS

SECRET

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET

(If Not Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

14 April 1969

F
22

1. SPECIAL NUMBER	2. NAME (Last-First-Middle)

3. NATURE OF PERSONNEL ACTION REASSIGNMENT	4. EFFECTIVE DATE REQUESTED MONTH: 05 DAY: 02 YEAR: 69	5. CATEGORY OF EMPLOYMENT REGULAR
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6. REPORTS	7. FINANCIAL ANALYSIS NO. CHARGEABLE 9137-1639	8. LEGAL AUTHORITY (Completed by Office of Personnel)
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9. ORGANIZATIONAL DESIGNATIONS DDP/FE FOREIGN FIELD	10. LOCATION OF OFFICIAL STATION
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11. POSITION TITLE OPS. OFFICER	12. POSITION NUMBER 4947	13. CAREER SERVICE DESIGNATION D
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14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3	17. SALARY OR RATE \$ 15,360
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18. REMARKS

FROM: DDP/FE PMI/ [redacted] 4024

[redacted]

* Home Base: FE

SECRET
CO/SSC-16-69
16-5-69

19. SIGNATURE OF REQUESTING OFFICER	DATE SIGNED 29 APR 1969	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED 29 APR 69
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

21. EMPLOY CODE	22. STATION CODE	23. LETTERS CODE	24. REGIONS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. EMP CODES	29. SPECIAL	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CONNECTION TYPE	33. MILITARY SERVED	34. MILITARY NO.
35. PAY PREFERENCE	36. PAY (COMP DATA)	37. LEAS (COMP DATA)	38. CAREER CATEGORY	39. PHYSICAL QUALIFICATION	40. SOCIAL SECURITY NO.	
41. MILITARY (CIVILIAN EMPLOYMENT SERVICE)	42. LEAS (LEI)	43. AGED EMPLOYMENT	44. PREFERRED DATA	45. STATE DATA		

46. APPROVAL	DATE APPROVED
[redacted]	04-30-69

F
8

1152 USE PREVIOUS EDITIONS

SECRET

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

11 April 1969

F
8

1. EMPLOYEE NUMBER	2. NAME (Last-First-Middle)
[Redacted]	[Redacted]

3. PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT
CONVERSION FROM FBR STATUS	MONTHS: 04, 06, 69	REGULAR

6. FINANCE	7. FINANCIAL ANALYSIS NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
V TO V O TO V	X O TO O	9137-1375

9. ORGANIZATIONAL DESIGNATIONS	10. LOCATION OF OFFICIAL STATION
DDP/FE FE-PHI - [Redacted]	WASHINGTON, D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OPS OFFICER (13)	4024	D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	13 3	15,369

18. COMMENTS

Wash, D.C. Wm Dow (FE)

FROM: Same

18A. [Redacted]	DATE SIGNED: 4/10/69	18B. [Redacted]	DATE SIGNED: 4/9/69
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SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMP. CODE	21. CHIEF CODES	22. STATION CODE	23. PAY/STEP CODE	24. MOBILE CODE	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LEAVE	28. DATE OF LEAVE
St 10		5146 FE	75013						
29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. COASTING	EOD DATA			33. SECURITY RID/NO	34. JES	
35. SOCIAL SECURITY NO.	36. MED. COV. DATE	37. COV. COV. DATE	38. CAREER CATEGORY	39. FEED. HEALTH INSURANCE	40. SOCIAL SECURITY NO.				
41. FEDERAL DATA	42. STATE DATA	43. FEDERAL DATA	44. STATE DATA						
45. PERSON CENTER IDENTIFICATION			46. OFF. APPROVAL			DATE APPROVED: 04-11-69			

FORM 1132

SECRET

DISSEMINATION CONTROLS

SECRET

FD-502 (Rev. 10-1-67)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

19 OCTOBER 1968

1. SERIAL NUMBER	2. NAME (Last-First-Middle)

3. FACTOR OF PERSONNEL ACTION	4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT
PROMOTION	MO. DAY YEAR 10 30 68	REGULAR

6. FUNDS	7. FINANCIAL ANALYSIS NO. CHARGEABLE	8. LEGAL AUTHORITY (Complied by Office of Personnel)
V. TO V. C. TO V.	9137 1375	

9. ORGANIZATIONAL DESIGNATION	10. LOCATION OF OFFICIAL STATION
DDP/FE FE/PNI -	WASH., D. C.

11. POSITION TITLE	12. POSITION NUMBER	13. CAREER SERVICE DESIGNATION
OFF OFFICER (D-13)	4024	

14. CLASSIFICATION SCHEDULE (GS, FS, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0138.01	GS/5 13/3	\$13,330 \$16,369

18. REMARKS

FROM: SAME (09-12/6 to 09-12/3)

Payroll called

19. SIGNATURE OF REQUESTING OFFICIAL	DATE SIGNED	20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	DATE SIGNED
			11/27/68

AREA BELOW FOR EXCLUSIVE USE OF

21. ACTION CODE	22. EMPLOY CODE	23. GRADE CODES	24. STATION CODE	25. INTEREST CODE	26. ROUTES CODE	27. CAREER CODE	28. DATE OF GRADE	29. DATE OF LSI
03	10	45, 40, 35, 30, 25, 20, 15, 10, 05	75, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 00	S	1			
30. BIR SYMBOL	31. SPECIAL PAY	32. EST. PLANT DATE	33. SEPARATION DATA CODE	34. CONSENT DATA CODE	35. IDENTIFICATION DATA	36. SECURITY	37. SOCIAL SECURITY NO.	38. STATE CODE
39. PREVIOUS POSITION	40. NEW EMP CODE	41. CODE EMP DATE	42. CAREER CATEGORY	43. FEEDBACK TO EMPLOYEE	44. SOCIAL SECURITY NO.			
45. POSITION CONTROL ORGANIZATION	46. OFF APPROVAL	47. CARE APPROVAL						

SECRET

GROUP 1 EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

S-E-C-R-E-T



MEMORANDUM FOR: Clandestine Services Career Service Board

SUBJECT : Recommendation for Promotion from GS-12 to GS-13 for [redacted]

1. FE Division recommends the promotion of [redacted] from GS-12 to GS-13.
2. [redacted] first joined the Agency in 1955 in the DDI. He rose rapidly from GS-07 to GS-12 which grade he achieved in March 1961. He spent one overseas tour [redacted] in April 1963 he transferred to the DDP. This action and the adjustments it necessitated have undoubtedly held him back from the normal career advancement to be expected for one of his ability.
3. In the DDP [redacted] first served in Vietnam Operations in Headquarters and then from 1964-1966 in Saigon. There he performed effectively in both liaison and unilateral operations [redacted]. He personally recruited several agents and established a successful [redacted]. He was first recommended for promotion to GS-13 during his Vietnam tour.
4. In November 1965 [redacted] joined FE/PMI, first on the [redacted]. He has served as [redacted] Desk and Branch referent for Communist Party Operations, where he proved himself to be an excellent analyst. He has also served as a desk officer handling a variety of projects. He has performed his duties in a consistently strong manner, and has shown sound operational judgment. [redacted] writes well, and gets along extremely well with his co-workers and contacts. He is now scheduled for a field assignment [redacted] in 1969. In view of his strong Headquarters desk performance and his previous recommendation from Vietnam, [redacted] was recommended for promotion again in February 1968.
5. [redacted] is an experienced and competent Headquarters and field operations officer. He has repeatedly demonstrated his ability to perform at the GS-13 level. In consideration of his fine record of productivity I recommend that he be promoted to GS-13.

William E. Nelson
William E. Nelson
Chief, Far East Division

SECRET

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

9 May 1968

1 SIGNAL NUMBER: [] 2 REPORT (Last - First - Middle): []

3 NATURE OF PERSONNEL ACTION: REASSIGNMENT

4 EFFECTIVE DATE REQUESTED: MONTH 05, DAY 19, YEAR 68

5 CATEGORY OF EMPLOYMENT: REGULAR

6 FUNDS: V TO V, U TO U, V TO O, O TO O

7 FINANCIAL ANALYSIS NO. CHARGEABLE: 8237-1375

8 LEGAL AUTHORITY (Completed by Office of Personnel):

9 ORGANIZATIONAL DESIGNATION: DDP/VE

10 LOCATION OF OFFICE STATION: WASHINGTON, D.C.

11 POSITION TITLE: OPS OFFICER

12 POSITION NUMBER: 4025

13 CAREER SERVICE DESIGNATION: D

14 CLASSIFICATION SYMBOL (GS, FS, etc.): PUR

15 OCCUPATIONAL SERIES: 0136.01

16 GRADE AND STEP: 5/5, 12/5

17 SALARY OR RATE: \$12,604, \$12,989

18 REMARKS: FROM: DEVELOPMENT COMP. SLOT WAS VACANT

X Wash, DC

18A SIGNATURE OF REQUESTING OFFICER: [] DATE SIGNED: 12 May 68

18B SIGNATURE OF CAREER SERVICE APPROVING OFFICER: [] DATE SIGNED: 10 May 68

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19 ACTION CODE	20 REPORT CODE	21 WORK CENTER	22 STATION CODE	23 DISTRICT CODE	24 MONTH OF YEAR	25 DATE OF BIRTH	26 DATE OF BIRTH	27 DATE OF BIRTH
28 OFFICE SYMBOL	29 OFFICE SYMBOL	30 OFFICE SYMBOL	31 OFFICE SYMBOL	32 OFFICE SYMBOL	33 OFFICE SYMBOL	34 OFFICE SYMBOL	35 OFFICE SYMBOL	36 OFFICE SYMBOL
37 OFFICE SYMBOL	38 OFFICE SYMBOL	39 OFFICE SYMBOL	40 OFFICE SYMBOL	41 OFFICE SYMBOL	42 OFFICE SYMBOL	43 OFFICE SYMBOL	44 OFFICE SYMBOL	45 OFFICE SYMBOL
46 OFFICE SYMBOL	47 OFFICE SYMBOL	48 OFFICE SYMBOL	49 OFFICE SYMBOL	50 OFFICE SYMBOL	51 OFFICE SYMBOL	52 OFFICE SYMBOL	53 OFFICE SYMBOL	54 OFFICE SYMBOL

SECRET

S-E-C-R-E-T

*Original
1/30*

30 January 1968

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion from GS-12 to GS-13 of [redacted]

1. This office wishes to reiterate its previous endorsement of the Saigon Station's recommendation for the promotion of [redacted] from GS-12 to GS-13.

2. [redacted] was initially assigned to the [redacted] as an Operations Officer responsible for Headquarters support of the [redacted] Communist Party Operations Program. This was a demanding task requiring sound operational judgment, experience, and the capacity to absorb large quantities of operational data and information. Despite no prior background [redacted] quickly got on top of the material and projects and made a valuable contribution. He also had other duties concerned with support for other Station unilateral activity.

3. [redacted]

4. [redacted] is a capable and experienced Operations Officer. He has proven in Vietnam a unique ability to develop valuable operational assets [redacted] and his work in this Branch has been excellent. In view of this good record of productivity, and as a stimulus for future development, I strongly recommend that [redacted] be promoted to GS-13.

[redacted]
Acting Chief, FE/PMI

S-E-C-R-E-T

SECRET

19 Nov 1967

REQUEST FOR PERSONNEL ACTION

DATE FORWARDED

17 November 1967

1. MEDIA NUMBER [Redacted]				2. EFFECTIVE DATE REQUESTED MONTH: 04 DAY: 02 YEAR: 68				3. CATEGORY OF EMPLOYMENT Regular			
4. NATURE OF PERSONNEL ACTION Suspension (For 3 working days)				5. FINANCIAL ANALYSIS NO. CHARGEABLE 8137-1375				6. LEGAL AUTHORITY (if completed by Office of Personnel) 50 USC 403 J			
7. PUNDS Y TO Y O TO Y				8. ORGANIZATIONAL DESIGNATION DDP/FE Development Complement				9. LOCATION OF OFFICIAL STATION Washington, D.C.			
10. POSITION TITLE Ops Officer				11. POSITION NUMBER 9997				12. CAREER SERVICE DESIGNATION D			
13. CLASSIFICATION (SCHEDULE 1/5, 1/8, 1/9, 1/10) FIR GS				14. OCCUPATIONAL SERIES 0136.01				15. GRADE AND STEP 5 5 12 5			
16. SALARY OF PAY 12 10 11 \$ 12 10 13				17. REMARKS From 11:50 Remarks: Suspended for three working days for infraction of Agency physical security regulations. To return to duty BOB 4 April 1968. Employee is warned that further violations will be viewed with extreme seriousness.							
18. SIGNATURE OF HEADQUARTERS OFFICIAL [Redacted]				19. DATE SIGNED 11/16/67				20. SIGNATURE OF CAREER SERVICE APPROVING OFFICER [Redacted]			
21. DATE SIGNED [Redacted]				22. SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
23. EMPLOYEE'S STATUS REGULAR				24. EMPLOYEE'S GRADE AND STEP GS-5				25. EMPLOYEE'S PAY RATE 12 10 11			
26. EMPLOYEE'S SOCIAL SECURITY NUMBER [Redacted]				27. EMPLOYEE'S HEALTH INSURANCE [Redacted]				28. EMPLOYEE'S LIFE INSURANCE [Redacted]			
29. EMPLOYEE'S DEPENDENT INFORMATION [Redacted]				30. EMPLOYEE'S MILITARY SERVICE [Redacted]				31. EMPLOYEE'S OTHER INFORMATION [Redacted]			
32. EMPLOYEE'S CURRENT ADDRESS [Redacted]				33. EMPLOYEE'S TELEPHONE NUMBER [Redacted]				34. EMPLOYEE'S MAILING ADDRESS [Redacted]			
35. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				36. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				37. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
38. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				39. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				40. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
41. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				42. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				43. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
44. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				45. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				46. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
47. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				48. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				49. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
50. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				51. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				52. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
53. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				54. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				55. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
56. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				57. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				58. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
59. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				60. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				61. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
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68. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				69. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				70. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
71. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				72. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				73. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
74. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				75. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				76. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
77. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				78. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				79. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
80. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				81. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				82. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
83. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				84. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				85. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
86. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				87. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				88. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
89. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				90. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				91. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
92. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				93. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				94. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
95. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				96. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				97. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			
98. EMPLOYEE'S CURRENT EMPLOYER [Redacted]				99. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]				100. EMPLOYEE'S EMPLOYMENT HISTORY [Redacted]			

27 MAR 1968

SECRET

CLASSIFIED BY [Redacted]

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED			
1 SERIAL NUMBER				2 NAME (Last-First-Middle)			
[]				20 NOVEMBER 1967			
3 NATURE OF PERSONNEL ACTION				4 EFFECTIVE DATE REQUESTED		5 CATEGORY OF EMPLOYMENT	
[]				MONTH DAY YEAR 11 21 67		REGULAR	
6 FUNDS		7 FINANCIAL ANALYSIS NO. CHARGEABLE		8 LEGAL INSTRUMENTS (Complied by Office of Personnel)			
[]		8137 1375					
9 ORGANIZATIONAL DESIGNATIONS				10 LOCATION OF OFFICIAL STATION			
DDP/FE DEVELOPMENT COMPLEMENT				WASHINGTON, D. C.			
11 POSITION TITLE				12 POSITION NUMBER		13 CAREER SERVICE DESIGNATION	
OPS. OFFICER				9997		D	
14 CLASSIFICATION SCHEDULE (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)		15 OCCUPATIONAL SERIES		16 GRADE AND STEP		17 SALARY OR RATE	
FSR GS		0136.01		5 5 12 5		12,074 12,443	
18 REMARKS							
All SICK AND All HOURS ANNUAL LEAVE TO BE TRANSFERRED []							
MARITAL STATUS: MARRIED							
[]							
19A SIGNATURE OF REQUESTING OFFICER		DATE SIGNED		19B SIGNATURE OF CAREER SERVICE APPROVING OFFICER		DATE SIGNED	
[]		X 5083		[]		[]	
SPACE BELOW FOR EXCLUSIONS OF THE OFFICE OF PERSONNEL							
21 OFFICE (CODE)	22 EMPLOY (CODE)	23 OFFICE SYMBOL	24 OFFICE SYMBOL	25 OFFICE SYMBOL	26 OFFICE SYMBOL	27 OFFICE SYMBOL	28 OFFICE SYMBOL
55	18	11500 FE	75013				
29 OFFICE SYMBOL	30 OFFICE SYMBOL	31 OFFICE SYMBOL	32 OFFICE SYMBOL	33 OFFICE SYMBOL	34 OFFICE SYMBOL	35 OFFICE SYMBOL	36 OFFICE SYMBOL
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FORM 1152 USE PREVIOUS EDITIONS

SECRET

1967 USE PREVIOUS EDITIONS

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED
1 SERIAL NUMBER						30 October 1967
2 NAME (Last-First-Middle)						
3 NATURE OF PERSONNEL ACTION Reassignment and Transfer to Confidential Funds				4 EFFECTIVE DATE REQUESTED MONTHS DAY YEAR 19 67		5 CATEGORY OF EMPLOYMENT Regular
6 FUNDS		V TO V	X	V TO O	7 FINANCIAL ANALYSIS NO. 8137-1392	
O TO V		O TO O		8 LEGAL AUTHORITY (Complied by Office of Personnel)		
9 ORGANIZATIONAL DESIGNATIONS DDP/FE FE/Development Complement				10 LOCATION OF OFFICIAL STATION Washington, D.C.		
11 POSITION TITLE Ops Officer				12 POSITION NUMBER 9997		13 CAREER SERVICE DESIGNATION D
14 CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15 OCCUPATIONAL SERIES 0136.01		16 GRADE AND STEP 12 5		17 SALARY OR RATE \$ 12,443
18 REMARKS						
19a SIGNATURE OF REQUESTING OFFICER			DATE SIGNED 30 OCT 1967		19b SIGNATURE OF CAREER SERVICE APPROVING OFFICER 3. Oiler	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL						
20 ACTION CODE	21 EMPLOY CODE	22 OFFICE CODES PHONETIC ALPHABETIC		23 STATION CODE	24 POSITION CODE	25 DATE OF BIRTH
26 DATE OF GRADE	27 DATE OF LES	28 SPECIAL REFERENCE	29 ORGANIZATION DATA	30 SEPARATION DATA CODE	31 COLLECTION COMPLETION DATA	32 SECURITY REG NO
33 NET PRESENTING CODE	34 DATE LEAVE DATA	35 LEAVE CODE DATA	36 LEAVE CATEGORY	37 FEET HEALTH INSURANCE	38 SOCIAL SECURITY NO	39
40 PHYSICAL FITNESS GOVERNMENT OFFICE		41 LEAVE CAT CODE	42 FEDERAL TAX DATA		43 STATE TAX DATA	
44 POSITION CONTROL CERTIFICATION		45 O.P. APPROVAL		DATE APPROVED		

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

13 May 1967

1. SERIAL NUMBER	2. NAME (Last, First, Middle Initial)

3. NATURE OF PERSONNEL ACTION Reassignment	4. EFFECTIVE DATE REQUESTED	5. CATEGORY OF EMPLOYMENT Regular
	MONTH: 05 DAY: 21 YEAR: 67	
6. FUNDS	7. COST CENTER NO. CHARGEABLE	8. LEGAL AUTHORITY (Completed by Office of Personnel)
X V TO V O TO V	V TO O O TO O	7237-1385

9. ORGANIZATIONAL DESIGNATIONS DDP/FE	10. LOCATION OF OFFICIAL STATION Washington, D.C.
---	---

11. POSITION TITLE Ops Officer	12. POSITION NUMBER D-12 3877	13. CAREER SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5
17. SALARY OR RATE \$ 12,443		

18. REMARKS
FROM:

10A. [Signature]	DATE SIGNED 5/15/67	10B. SIGNATURE OF CAREER SERVICE [Signature]	DATE SIGNED 5/18/67
------------------	-------------------------------	--	-------------------------------

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTERFERE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
37	10	NUMERIC: 43740 ALPHABETIC: E	75102		1			
28. INT. EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA LOSS	32. CORRECTION/REASSIGNMENT DATA	EOD DATA			33. SECURITY REQ. NO.
		1-CX 2-FILA 3-NORS						
34. LEI PREFERENCE	35. SERV. COMP. DATE	36. LEAV. COMP. DATE	37. CAREER CATEGORY	38. FEHLT/HEALTH INSURANCE	39. SOCIAL SECURITY NO.			
40. PREVIOUS EMPLOYMENT DATA			41. LEAVE CAT.	42. FEDERAL TAX DATA	43. STATE TAX DATA			
1-NO PREVIOUS EMPLOY 2-NO SOCIAL SECURITY 3-SEPA. IN SERVICE (LESS THAN 3 YEARS) 4-SEPA. IN SERVICE (MORE THAN 3 YEARS)								
44. POSITION CONTROL CERTIFICATION			DATE APPROVED 05-16-67					

FORM 1152 USE PREVIOUS EDITION

SECRET

STANDARD FORM NO. 63-100-101-102-103-104-105-106-107-108-109-110-111-112-113-114-115-116-117-118-119-120-121-122-123-124-125-126-127-128-129-130-131-132-133-134-135-136-137-138-139-140-141-142-143-144-145-146-147-148-149-150-151-152-153-154-155-156-157-158-159-160-161-162-163-164-165-166-167-168-169-170-171-172-173-174-175-176-177-178-179-180-181-182-183-184-185-186-187-188-189-190-191-192-193-194-195-196-197-198-199-200

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 20 October 1966			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)							
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED MONTH: 11 DAY: 20 YEAR: 66		5. CATEGORY OF EMPLOYMENT Regular			
6. FUNDS		7. FINANCIAL ANALYSIS NO. CHARGEABLE 7237-1385		8. LEGAL AUTHORITY (Completed by Office of Personnel)					
9. ORGANIZATIONAL DESIGNATIONS DDP/FE				10. LOCATION OF OFFICIAL STATION Washington, D.C.					
11. POSITION TITLE Ops Officer		12. POSITION NUMBER 4025		13. CAREER SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LR, etc.) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12 5		17. SALARY OR RATE \$ 12,443			
18. REMARKS FROM: [Redacted] Subject: occupying a vacant slot. Security Agency: [Redacted] <i>SS/US 10/26/66</i> <i>See 11/3/66</i>									
18A. SIGNATURE OF REQUESTER				DATE SIGNED 10/31/66		18B. SIGNATURE OF APPROVING OFFICER			
						DATE SIGNED 11/3/66			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL									
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC		22. STATION CODE	23. UNICALE CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
16	10	45140 FE		25013					
28. NET Earnings	29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/AMENDMENT DATA		33. SECURITY REG. NO.		
							EOD DATA		
34. VET PREFERENCE	35. SER. COMP. DATE	36. LOVS (COMP. DATE)		37. CAREER CATEGORY	38. FERS HEALTH INSURANCE		39. SOCIAL SECURITY NO.		
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE				41. LEAVE CAT. CODE	42. FEDERAL EMP. DATA		43. STATE EMP. DATA		
44. POSITION CONTROL CENTER ACTION				45. O.P. APPROVAL			DATE APPROVED		
11-03-66N							11-03-66		

SECRET

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

SECRET
(When Filled In)

F23

REQUEST FOR PERSONNEL ACTION		DATE PREPARED 8 Sept 66	
1. SERIAL NUMBER		2. NAME (Last-First-Middle)	
3. NATURE OF PERSONNEL ACTION DESIGNATION AS A PARTICIPANT IN THE CIA RETIREMENT AND DISABILITY SYSTEM		4. EFFECTIVE DATE REQUESTED MONTH: 09 DAY: 25 YEAR: 66	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FINANCIAL ANALYSIS NO. CHARGEABLE: 7137-1487	
7. LEGAL AUTHORITY (Completed by Office of Personnel) PL 88-643 Sect. 203		8. ORGANIZATIONAL DESIGNATIONS	
9. LOCATION OF OFFICIAL STATION		10. POSITION TITLE	
11. POSITION NUMBER		12. GRADE AND STEP 12	
13. CLASSIFICATION SCHEDULE (GS, LB, FE, ...)		14. OCCUPATIONAL SERIES	
15. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE		16. SALARY OR RATE	
18A. SIGNATURE OF REQUESTING OFFICIAL		18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER	
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMERIC ALPHABETIC	22. STATION CODE
23. NET EXPIRES	24. SPECIAL REFERENCE	25. RETIREMENT DATA	26. SEPARATION DATA CODE
27. VET PROBLEMS	28. SLEP COMP DATE	29. LONG LEAF DATE	30. EMPLOY CATEGORY
31. PREVIOUS CIVILIAN GOVERNMENT SERVICE	32. LEAVE BAL	33. REGULAR PAY DATA	34. SPECIAL PAY DATA
43. POSITION CONTROL CERTIFICATION		44. CO APPROVAL	

FORM 1152 USE PREVIOUS EDITION
SEP 66

SECRET

GROUP 1
EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

OS-16-66

See memo signed by
D/Pers dated 2/19/66

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION

DATE PREPARED

3 November 1964

1. TITLE NUMBER 2. NAME (Last, First, Middle)

NATURE OF PERSONNEL ACTION

REASSIGNMENT

4. EFFECTIVE DATE REQUESTED

MONTH DAY YEAR
12 6 64

5. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO O

O TO V

X O TO O

7. COST CENTER NO. CHARGE APT

5137-148T

8. LEGAL AUTHORITY (Completed by Office of Personnel)

9. ORGANIZATIONAL DESIGNATIONS

DDP/FE

10. LOCATION OF OFFICIAL STATION

Unit Three

11. POSITION TITLE

OPS OFFICER

12. POSITION NUMBER

4608

13. CAREER SERVICE DESIGNATION

D

14. CLASSIFICATION SCHEDULE (GS, EA, etc.)

GS

15. OCCUPATIONAL SERIES

0136.00

16. GRADE AND STEP

12 4

17. SALARY OR RATE

\$ 11,315

18. REMARKS

Subject to Medical Approval.

FROM: DDP/FE
FE/ESV COMP Army 27F

11/15/64
11/12/64

ONE COPY TO SECURITY
ONE COPY TO CF PAYROLL

FOR FURTHER INFORMATION CALL X5459

RECEIVED BY
CSPD
ik

19A. SIGNATURE OF REQUESTING OFFICIAL DATE SIGNED 11/10/64
19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER DATE SIGNED 11-10-64

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. SPECIAL CODES NUMERIC ALPHABETIC	22. STATION CODE	23. INTEREST CODE	24. HOUSE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. AFE EMPLOY	29. SOCIAL SECURITY	30. RETIREMENT DATA	31. SEPARATION DATA (CODE)	32. TERMINATION (CANCELLATION) DATA	33. SECURITY REG NO	34. SIF	EOD DATA	
35. AFE PREFERENCE	36. SIF CODE DATE	37. LONG LEAVE DATE	38. CAREER HISTORY	39. FEDERAL HEALTH INSURANCE	40. SOCIAL SECURITY NO			
41. PRIVACY EXEMPTION SERVICE DATA	42. LEAVE CAT CODE	43. FEDERAL TAX DATA	44. FEDERAL TAX DATA	45. VETERAN DATA				
46. POSITION CONTROL INFORMATION	47. OF APPROVAL	48. DATE APPROVED						

FORM 1152 USE PREVIOUS EDITIONS

SECRET

11-10-64

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION					DATE PREPARED	
1. SERIAL NUMBER			2. NAME (Last-First-Middle)		17 September 1964	
3. EFFECTIVE DATE REQUESTED			4. CATEGORY OF EMPLOYMENT			
MONTH DAY YEAR 9 18 64			Regular			
5. PAYOR			6. COST CENTER NO. CHARGEABLE		7. LEGAL AUTHORITY (Completed by Office of Personnel)	
Y TO V O TO V			5137-1392			
8. ORGANIZATIONAL DESIGNATIONS			9. LOCATION OF OFFICIAL STATION			
DDP/FE Development Complement			Washington, D. C.			
10. POSITION TITLE			11. POSITION NUMBER		12. CAREER SERVICE DESIGNATION	
Ops Off			9997		D	
13. CLASSIFICATION SCHEDULE (G.S., F.R., etc.)			14. OCCUPATIONAL SERIES		15. GRADE AND STEP	
GS			0136.01		5 2 12 4	
16. REMARKS			17. SALARY OR RATE			
All sick and 8 1/2 hours annual leave to be transferred			\$10,290		\$11,315	
MARITAL STATUS: Married						
Training						
18. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			DATE SIGNED			
USIVE USE OF THE OFFICE OF PERSONNEL						
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INSERIAL CODE	24. BUDGET CODE	25. DATE OF BIRTH
55	13	113497 FE	73012			
26. DATE OF BIRTH	27. DATE OF GRADE	28. DATE OF HI	29. SPECIAL DATA CODE	30. SEPARATION DATA CODE	31. CORRECTION/TERMINATION DATA	32. SECURITY NO
33. VET PREFERENCE	34. VET COMP DATE	35. LONG COMP DATE	36. CAREER CATEGORY	37. HEALTH INSURANCE	38. SOCIAL SECURITY NO	
39. PERIODS OF GOVERNMENT SERVICE DATA	40. STATE CODE	41. PROGRAM TAB DATA	42. STATE TAB DATA	43. FORM EXECUTED	44. STATE TAB DATA	
45. POSITION CONTROL CENTER AGENCY			46. OFF APPROVAL		DATE APPROVED	

SECRET

ENCLOSURE TO BE ATTACHED TO FORM NO. 500 (REVISED 11-1-62)

SECRET
(If Not Filled In)

REQUEST FOR PERSONNEL ACTION DATE PREPARED
3 September 1964

1 SERIAL NUMBER 2 NAME (Last-First-Middle)

3 NATURE OF PERSONNEL ACTION: REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS 4. EFFECTIVE DATE REQUESTED
MONTH: 9 DAY: 13 YEAR: 64 5. CATEGORY OF EMPLOYMENT
REGULAR

6 FUNDS: V U W X Y Z AA AB AC AD AE AF AG AH AI AJ AK AL AM AN AO AP AQ AR AS AT AU AV AW AX AY AZ BA BB BC BD BE BF BG BH BI BJ BK BL BM BN BO BP BQ BR BS BT BU BV BW BX BY BZ CA CB CC CD CE CF CG CH CI CJ CK CL CM CN CO CP CQ CR CS CT CU CV CW CX CY CZ DA DB DC DD DE DF DG DH DI DJ DK DL DM DN DO DP DQ DR DS DT DU DV DW DX DY DZ EA EB EC ED EE EF EG EH EI EJ EK EL EM EN EO EP EQ ER ES ET EU EV EW EX EY EZ FA FB FC FD FE FF FG FH FI FJ FK FL FM FN FO FP FQ FR FS FT FU FV FW FX FY FZ GA GB GC GD GE GF GG GH GI GJ GK GL GM GN GO GP GQ GR GS GT GU GV GW GX GY GZ HA HB HC HD HE HF HG HH HI HJ HK HL HM HN HO HP HQ HR HS HT HU HV HW HX HY HZ IA IB IC ID IE IF IG IH II IJ IK IL IM IN IO IP IQ IR IS IT IU IV IW IX IY IZ JA JB JC JD JE JF JG JH JI JJ JK JL JM JN JO JP JQ JR JS JT JU JV JW JX JY JZ KA KB KC KD KE KF KG KH KI KJ KK KL KM KN KO KP KQ KR KS KT KU KV KW KX KY KZ LA LB LC LD LE LF LG LH LI LJ LK LL LM LN LO LP LQ LR LS LT LU LV LW LX LY LZ MA MB MC MD ME MF MG MH MI MJ MK ML MN MO MP MQ MR MS MT MU MV MW MX MY MZ NA NB NC ND NE NF NG NH NI NJ NK NL NM NO NP NQ NR NS NT NU NV NW NX NY NZ OA OB OC OD OE OF OG OH OI OJ OK OL OM ON OO OP OQ OR OS OT OU OV OW OX OY OZ PA PB PC PD PE PF PG PH PI PJ PK PL PM PN PO PP PQ PR PS PT PU PV PW PX PY PZ QA QB QC QD QE QF QG QH QI QJ QK QL QM QN QO QP QQ QR QS QT QU QV QW QX QY QZ RA RB RC RD RE RF RG RH RI RJ RK RL RM RN RO RP RQ RR RS RT RU RV RW RX RY RZ SA SB SC SD SE SF SG SH SI SJ SK SL SM SN SO SP SQ SR SS ST SU SV SW SX SY SZ TA TB TC TD TE TF TG TH TI TJ TK TL TM TN TO TP TQ TR TS TU TV TW TX TY TZ UA UB UC UD UE UF UG UH UI UJ UK UL UM UN UO UP UQ UR US UT UY UZ VA VB VC VD VE VF VG VH VI VJ VK VL VM VN VO VP VQ VR VS VT VU VV VW VX VY VZ WA WB WC WD WE WF WG WH WI WJ WK WL WM WN WO WP WQ WR WS WT WY WZ XA XB XC XD XE XF XG XH XI XJ XK XL XM XN XO XP XQ XR XS XT XU XV XW XX XY XZ YA YB YC YD YE YF YG YH YI YJ YK YL YM YN YO YP YQ YR YS YT YU YV YW YX YY YZ ZA ZB ZC ZD ZE ZF ZG ZH ZI ZJ ZK ZL ZM ZN ZO ZP ZQ ZR ZS ZT ZU ZV ZW ZX ZY ZZ

9. ORGANIZATIONAL DESIGNATIONS: DDP/FE *cs/cs*
DEVELOPMENT COMPLEMENT 10. LOCATION OF OFFICIAL STATION:
WASHINGTON, D.C.

11. POSITION TITLE: OPS OFFICER 12. POSITION NUMBER:
9997 13. CAREER SERVICE DESIGNATION:
D

14. CLASSIFICATION SCHEDULE (GS, F, N, NA, etc.): GS 15. OCCUPATIONAL SERIES:
0136.01 16. GRADE AND STEP:
12 @ 4 17. SALARY OR RATE:
\$10,360

18. REMARKS

ONE COPY TO SECURITY
ONE COPY TO VOUCHERED PAYROLL
FOR FURTHER INFORMATION CALL 55459

18A. SIGNATURE OF REQUESTING OFFICIAL DATE SIGNED:
9/11/64 18B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER:
CSFH DATE SIGNED:
9-11-64

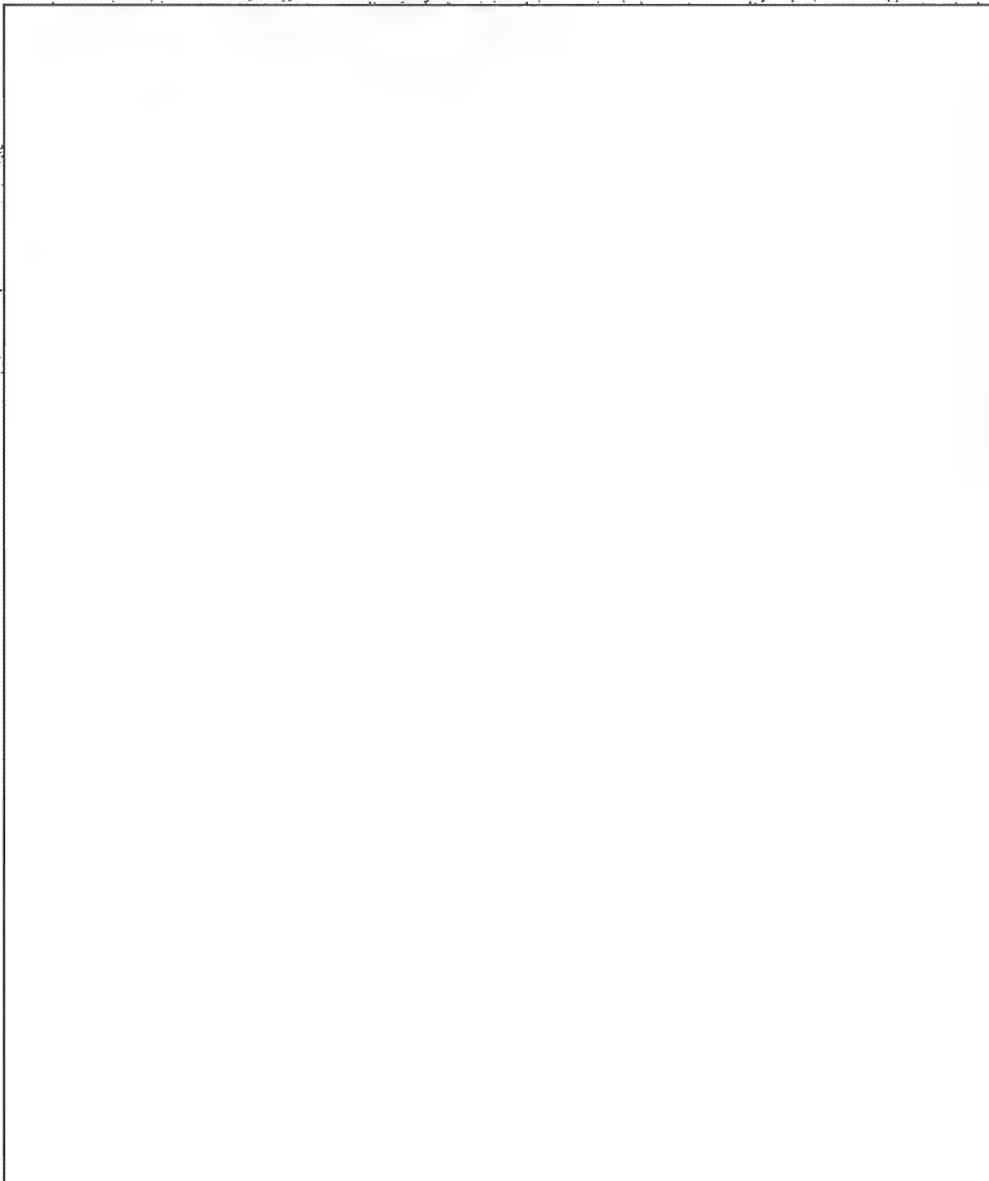
LOW FOR EXCLUSIVE USE OF

19. ACTION CODE	20. EMP. CODE	21. OFFICE CODING	22. STATION CODE	23. INTEREST CODE	24. NOTES CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
20	13	45997 PL	915213					
28. MIL. SERVICE	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. EDUCATION/TERMINATION DATA	33. SECURITY REQ. NO.	34. SER.	EOD DATA	
35. VET. PREFERENCE	36. MILIT. COMP. DATA	37. LONG. COMP. DATA	38. CAREER CATEGORY	39. LEGAL HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. FEDERAL GOVERNMENT SERVICE DATA	42. STATE EMP. DATA	43. FEDERAL TAX DATA	44. STATE TAX DATA					

45. REASON FOR CONSIDERATION DATE APPROVED:
9-11-64

21
F

SUBJECT: Letter of Commendation

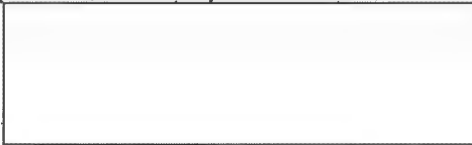
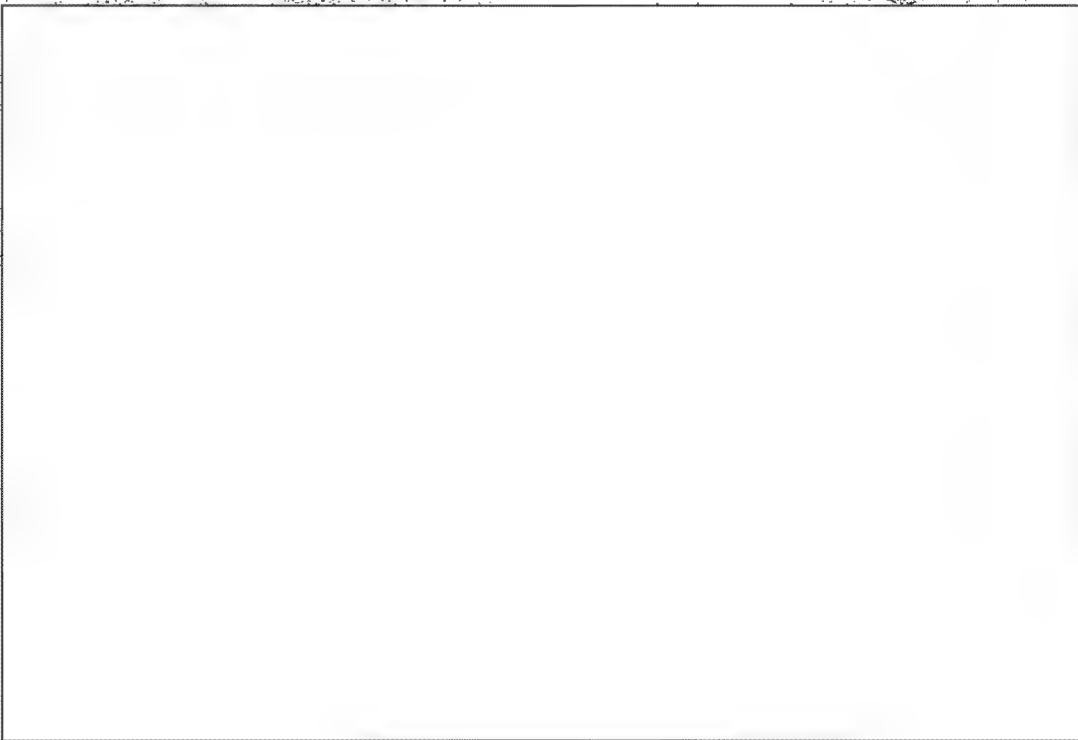


SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED	
				9 MARCH 1963	
1. NATURE OF PERSONNEL ACTION REASSIGNMENT And change of service Designation			4. EFFECTIVE DATE REQUESTED 04 1 163		5. CATEGORY OF EMPLOYMENT REGULAR
8. FUNDS XX V TO V CP TO V		V TO CP CP TO CP		7. COST CENTER NO. CHARGE ABLE 3237-1250-1000	9. LEGAL AUTHORITY (Completed by Office of Personnel)
6. ORGANIZATIONAL DESIGNATIONS LDP/VE			10. LOCATION OF OFFICIAL STATION WASHINGTON, D. C.		
11. POSITION TITLE OPS OFFICER			12. POSITION NUMBER 2608	13. CAREER SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 0136-01	16. GRADE AND STEP 12 Re	17. SALARY OR RATE \$9790	
18. REMARKS FROM: DDI/OKR					

8 Mar 1963

MEMORANDUM FOR: C/PO/ Branch C

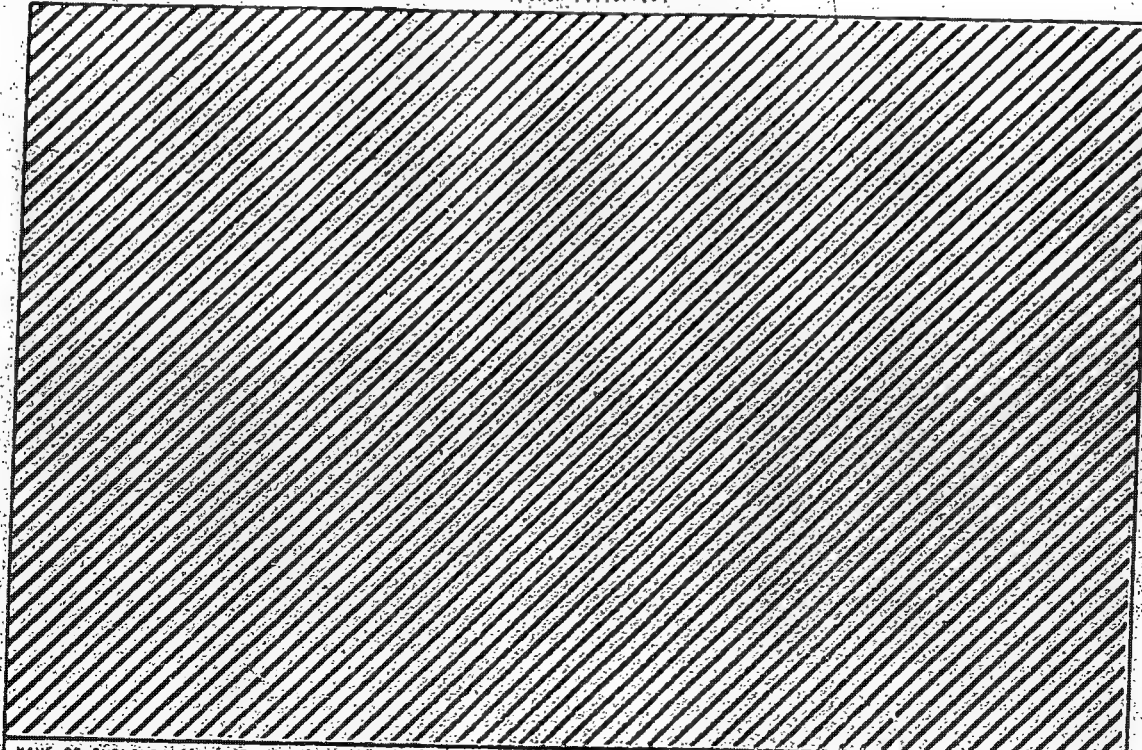


Approved by C/PMC
R. S. Shroy, Secy./PMC
15 MAR 1963

SECRET
(When Filled In)

REQUEST FOR PERSONNEL ACTION						DATE PREPARED 23 November 1962																													
1. SERIAL NUMBER		2. NAME (Last-First-Middle)																																	
3. NATURE OF PERSONNEL ACTION Reassignment and Transfer to Vouchered Funds				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 11 15 62		5. CATEGORY OF EMPLOYMENT Regular																													
6. FUNDS		V TO V CF TO V		V TO CF CF TO CF		7. COST CENTER NO. CHARGEABLE 3257-1019-6000																													
8. ORGANIZATIONAL DESIGNATIONS DDI/ORR		9. LEGAL AUTHORITY (Completed by Office of Personnel)																																	
10. LOCATION OF OFFICIAL STATION Washington, D. C.																																			
11. POSITION TITLE I.O. (Factory Markers)			12. POSITION NUMBER 1564		13. CAREER SERVICE DESIGNATION IR																														
14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS		15. OCCUPATIONAL SERIES 1390-08 0132-00		16. GRADE AND STEP 12 2		17. SALARY OR RATE 9,700																													
18. REMARKS Attached are: Form W-4, Employee's Withholding Exemption Certificate Form D-4-A, Certificate of Non-Residence in the District of Columbia Form Va.-4, Virginia Employee's Withholding Exemption Certificate. Copies to: Payroll Security																																			
						DATE SIGNED 17 DEC 1962																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>19. EMPLOYER CODE 10</td> <td>20. OFFICE CODE 10</td> <td>21. STATION CODE 750-13</td> <td>22. MONTHS CODE 1</td> <td>23. DATE OF BIRTH</td> <td>24. DATE OF GRAD</td> <td>25. DATE OF LEA</td> </tr> <tr> <td>26. MILITARY SERVICE</td> <td>27. SOCIAL REFERENCE</td> <td>28. RETIREMENT DATA</td> <td>29. SEPARATION DATA CODE</td> <td>30. CORRECTION/ANCELLATION DATA</td> <td>31. SOCIAL SECURITY NO.</td> <td>32. SER</td> </tr> <tr> <td>33. RET. PREFERENCE</td> <td>34. SER. COMP. DATA</td> <td>35. LONG. COMP. DATA</td> <td>36. EXEMPT. CATEGORY</td> <td>37. FEEL. P. INSURANCE</td> <td>38. SOCIAL SECURITY NO.</td> <td></td> </tr> <tr> <td>39. PREVIOUS GOVERNMENT SERVICE DATA</td> <td>40. FEDERAL TAX DATA</td> <td>41. STATE TAX DATA</td> <td>42. FEDERAL TAX DATA</td> <td>43. STATE TAX DATA</td> <td>44. SOCIAL SECURITY NO.</td> <td></td> </tr> </table>								19. EMPLOYER CODE 10	20. OFFICE CODE 10	21. STATION CODE 750-13	22. MONTHS CODE 1	23. DATE OF BIRTH	24. DATE OF GRAD	25. DATE OF LEA	26. MILITARY SERVICE	27. SOCIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CORRECTION/ANCELLATION DATA	31. SOCIAL SECURITY NO.	32. SER	33. RET. PREFERENCE	34. SER. COMP. DATA	35. LONG. COMP. DATA	36. EXEMPT. CATEGORY	37. FEEL. P. INSURANCE	38. SOCIAL SECURITY NO.		39. PREVIOUS GOVERNMENT SERVICE DATA	40. FEDERAL TAX DATA	41. STATE TAX DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. SOCIAL SECURITY NO.	
19. EMPLOYER CODE 10	20. OFFICE CODE 10	21. STATION CODE 750-13	22. MONTHS CODE 1	23. DATE OF BIRTH	24. DATE OF GRAD	25. DATE OF LEA																													
26. MILITARY SERVICE	27. SOCIAL REFERENCE	28. RETIREMENT DATA	29. SEPARATION DATA CODE	30. CORRECTION/ANCELLATION DATA	31. SOCIAL SECURITY NO.	32. SER																													
33. RET. PREFERENCE	34. SER. COMP. DATA	35. LONG. COMP. DATA	36. EXEMPT. CATEGORY	37. FEEL. P. INSURANCE	38. SOCIAL SECURITY NO.																														
39. PREVIOUS GOVERNMENT SERVICE DATA	40. FEDERAL TAX DATA	41. STATE TAX DATA	42. FEDERAL TAX DATA	43. STATE TAX DATA	44. SOCIAL SECURITY NO.																														
45. POSITION CONTROL CERTIFICATION 18924				46. G.P. AP		DATE APPROVED Dec 62																													

SECRET
(When Filled In)



NAME OF EMPLOYEE (Last-First-Middle) <i>Rich, James</i>	NAME AND RELATIONSHIP OF DEPENDENT	CLAIM NUMBER <i>1-2-503</i>
--	------------------------------------	--------------------------------

There is on file in the Benefits and Counseling Branch, Benefits and Services Division, Office of Personnel, an Official Disability Claim File on the above named employee (or his dependent*) for an illness, injury, or death incurred on 1-11-62.

This notice should be filed in the employee's Official Personnel Folder as a permanent cross-reference to the Official Disability Claim File.

DATE OF NOTICE 2 JUL 1962		
------------------------------	--	--

NOTICE OF OFFICIAL DISABILITY CLAIM FILE

SECRET

(When Filled In)

REQUEST FOR PERSONNEL ACTION				DATE PREPARED 14 March 1961			
1. SERIAL NUMBER		2. NAME (Last-First-Middle)					
3. NATURE OF PERSONNEL ACTION Promotion				4. EFFECTIVE DATE REQUESTED MONTH DAY YEAR 3 14 61		5. CATEGORY OF EMPLOYMENT Regular	
6. FUND		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE 1137-7000-6135	
		CF TO V		X		8. LEGAL AUTHORITY (Completed by Office of Personnel)	
9. ORGANIZATIONAL DESIGNATIONS Office of DDI Strategic Intelligence Staff				10. LOCATION OF OFFICIAL STATION			
11. POSITION TITLE				12. POSITION NUMBER 1-96		13A. PCR CONTROL NO.	13. CAREER SERVICE DESIGNATION IR
14. CLASSIFICATION SCHEDULE (OS, LP, etc.) OS		15. OCCUPATIONAL SERIES 1390.06		16. GRADE AND STEP 12 1		17. SALARY OR RATE 8955	
18. REMARKS FROM: Same as above Approved by DDI - per attached memo							
19A. [Signature]				19B. SIGNATURE OF CAREER SERVICE APPROVING OFFICER			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL							
20. ACTION CODE		21. OFFICE CODE		22. STATION CODE		23. POSTAL CODE	
24. DATE		25. TIME		26. MONTH		27. YEAR	
28. SPECIFIC REFERENCE		29. ALL SERVICE DATA		30. EMPLOYMENT DATA		31. EMPLOYMENT DATA	
32. EMPLOYMENT DATA		33. EMPLOYMENT DATA		34. EMPLOYMENT DATA		35. EMPLOYMENT DATA	
36. EMPLOYMENT DATA		37. EMPLOYMENT DATA		38. EMPLOYMENT DATA		39. EMPLOYMENT DATA	
40. EMPLOYMENT DATA		41. EMPLOYMENT DATA		42. EMPLOYMENT DATA		43. EMPLOYMENT DATA	
44. POSITION CONTROL CERTIFICATION		45. [Signature]					

FORM 1152 2300-10 4880000 1960 200 0000 01000

SECRET

101

SECRET

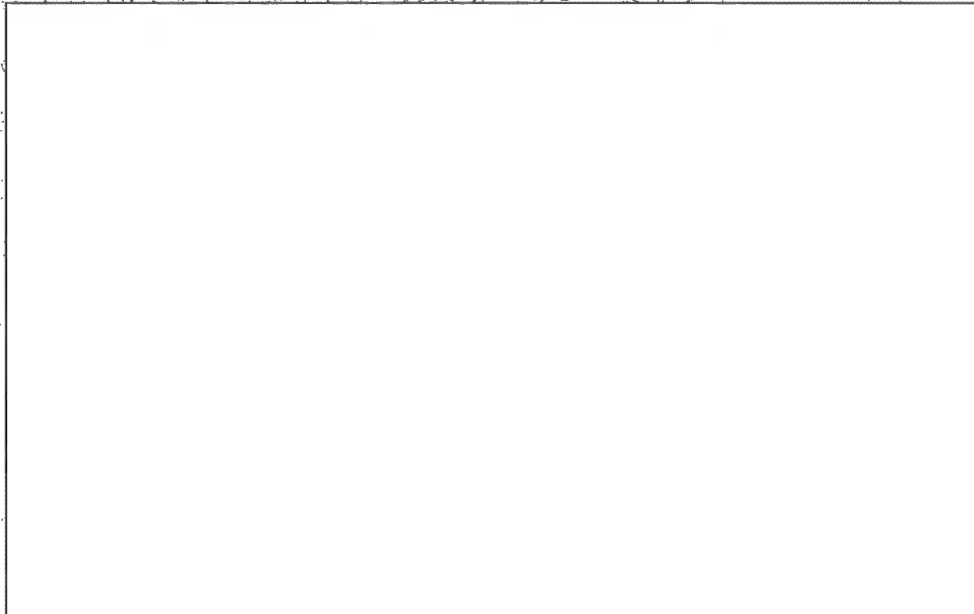
23 FEB 1961

MEMORANDUM FOR: Director of Personnel

THROUGH: Chief, FS, DD/P

THROUGH: Assistant to the DD/I (Administration) *W.S.*

SUBJECT: Promotion



SECRET

SUBJECT:

Promotion

CONCURRENCES:

3/1/61
Date

3/10/61
Date

SECRET

(When Filled In)

DATE PREPARED		REQUEST FOR PERSONNEL ACTION				V to V		V to UV	
Mo	Da					Yr	UV to V		UV to UV
1. Social No.		7. Name (Last-First-Middle)		3. Date of Birth		4. Year Prof.		5. Sec	
				Mo	Da	Yr	Mo	Da	Yr
7. SCD		8. CSC Reinst.		9. CIG Or Other Legal Authority		10. Appr. A No.		11. FEGLI	
Mo	Da	Yr	Yes - 1	Code	Mo	Da	Yr	Yes - 1	Code
			No - 2					No - 2	

PREVIOUS ASSIGNMENT

14. Organizational Designation		Code		15. Location Of Official Station		Station Code	
DDI OPR				Wash., D.C.			
16. Dept. Field		17. Position Title		18. Position No.		19. Serv.	
Dept. Field	Code	Identification Spec.		20. Occup. Series			
	2			921.01		CS	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grade	
11 - 2		7,270		TR		Mo Da Yr	
						Mo Da Yr	
						10 20 57	
						10 16 60	
						9 5700 20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code	
Reassignment to Confidential		01		07, 26, 59		Regular		01	

PRESENT ASSIGNMENT

31. Organizational Designation		Code		32. Location Of Official Station		Station Code	
OFFICE OF DDI INT. STAFF		1825				37527	
33. Dept. Field		34. Position Title		35. Position No.		36. Serv.	
Intelligence Staff		I.O. Factory Mark		3-96			
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grade	
11 - 2		7270				Mo Da Yr	
						Mo Da Yr	
						10 20 57	
						10 16 60	
						9 5700 20	

SOURCE OF REQUEST

Please transfer from (enclosed in unbrochures) (last on 30 July 1959.
Subject to replace () and is returning to AF last. 1959.

SECRET

Change Accounting To Card.

REQUEST FOR PERSONNEL ACTION												VOUCHERED			
1. Serial No.		2. Name (Last-First-Middle)				3. Date Of Birth			4. Vac. Pref.		5. Sex		6. C. I. P. O. D.		
						Mo Da Yr			None-0 Code		M		Mo Dv Yr		
7. SCD		8. CSC Rating		9. CSC Or Other Legal Authority		10. Appt. Affidav			11. FEGLI		12. LCD		13. ...		
Mo Da Yr		Yes-1 Code No-2				Mo Da Yr			Yes-1 Code No-2		Mo Da Yr		Yes-1 Code No-2		

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code		15. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
16. Dept. Field		17. Position Title				18. Position No.		19. Serv.		20. Occup. Series	
Dept. X Code		Identification Specialist				923.01		OS		1370.06	
21. Grade & Step		22. Salary Or Rate		23. SD		24. Date Of Grde		25. PSL Due		26. Appropriation Number	
9-2		\$ 5575.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	

ACTION

27. Nature Of Action		Code		28. Eff. Date		29. Type Of Employee		Code		30. Separation Date	
Promotion				Mo Da Yr		Regular					
				ACAP							

PRESENT ASSIGNMENT

31. Organizational Designations				Code		32. Location Of Official Station				Section Code	
DDI/Office of Research & Reports						Washington, D.C.					
33. Dept. Field		34. Position Title				35. Position No.		36. Serv.		37. Occup. Series	
Dept. X Code		Identification Specialist				923.01		OS		1370.06	
38. Grade & Step		39. Salary Or Rate		40. SD		41. Date Of Grde		42. PSL Due		43. Appropriation Number	
11-1		\$ 6390.		IR		Mo Da Yr		Mo Da Yr		8-5709-20	

SOURCE OF REPLY

SOURCE OF REPLY					
A. Career Board		Signature		Date	
B. Reg. Control		Signature		Date	
C. Classification		Signature		Date	
D. Placement		Signature		Date	
E. ...		Signature		Date	
F. Assessed By		Signature		Date	

11320

SECRET

CONFIDENTIAL

STANDARD FORM 52 PERSONNEL ACTION		21 JUN 1956	
REQUEST FOR PERSONNEL ACTION		VOUCHERED	
REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 6B and 7 unless otherwise instructed. If applicable, obtain resignation and fill in separation data on reverse.			
1. NAME (Mr., XXXXXX One given name, initial(s), and surname)		2. DATE OF BIRTH	3. REQUEST NO.
			4. DATE OF REQUEST
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.)		6. EFFECTIVE DATE A. PROPOSED	7. C. OR OTHER LEGAL AUTHORITY
Promotion		ASAP	12 June 56
8. POSITION (Specify whether establish, change grade or title, etc.)		D. APPROVED	
FROM	9. POSITION TITLE AND NUMBER		TO
	10. SERVICE GRADE AND SALARY		
	11. ORGANIZATIONAL DESIGNATIONS		
	12. HEADQUARTERS		
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	<input type="checkbox"/> FIELD OR DEPARTMENTAL		<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
A. REMARKS (Use reverse if necessary)			
Complies with CIA Regulation 20-539			
13. VETERAN PREFERENCE		14. POSITION CLASSIFICATION NUMBER	
NONE <input type="checkbox"/> WWI <input type="checkbox"/> OTHER <input type="checkbox"/> 5-YEAR <input type="checkbox"/> 10-YEAR <input type="checkbox"/> 15-YEAR <input type="checkbox"/> OTHER		NEW <input type="checkbox"/> VICE <input type="checkbox"/> I.A. <input type="checkbox"/> REAL	
15. SER. GRADE		16. SUBJECT TO CIVIL SERVICE ACT (YES-NO)	17. DATE OF APPOINTMENT ATTACHED (AGENCY OR CHIEF)
NW 1034: 5-3709-20 10: 10-3709-20		AP	18. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: NY
21. STANDARD FORM 51-19445			
PERIODIC STEP INCREASE 1957 17 JUN 56 TO SALARY \$ 4660			
19. CLEARANCE	INITIAL OR SIGNATURE	DATE	REMARKS
		17 JUN 56	
20. DATE OF LAST POSITION	21. CLASSIFICATION	22. PAY GRADE OR RATE	
		6-35-06	

SECRET
SECURITY INFORMATION

ENTRANCE ON DUTY NOTICE		1. DATE
2. TO:	[Redacted]	22 June 1955
3. OFFICE (Division, Branch, Etc.)		DDI/CBB
4. THIS INDIVIDUAL MEETS THE STANDARDS FOR EMPLOYMENT WITH THIS AGENCY SUBJECT TO THE TYPE OF CLEARANCE INDICATED IN ITEM NO. 9. THE SIGNED CLEARANCE FROM IAS FOR ENTRANCE ON DUTY HAS BEEN MADE A PART OF THE PERSONNEL FILE OF THIS INDIVIDUAL. HE/SHE IS REPORTING FOR DUTY THIS DATE.		
5. NAME	[Redacted]	6. JOB TITLE AND GRADE
7. EFFEC	15 June 1955	Ident. Spec. GS-7
10. REMARKS: (Include Medical or Other Limitations)		9. TYPE CLEARANCE
Subject to BOD, testing, 21 June 1955.		Provisional
DISTRIBUTION: ORIGINAL AND COPY (WHITE) TO ITEM NO. 1; COPY (PINK) TO PERSONNEL FOLDER		

FORM NO. 37-116 PREVIOUS EDITIONS NOT TO BE USED
20V 1952

SECRET

STANDARD FORM 52
 FEDERAL BUREAU OF INVESTIGATION
 U. S. DEPARTMENT OF JUSTICE
 REQUEST FOR PERSONNEL ACTION

VOUCHERED 16 FEB 1955

REQUESTING OFFICE: Fill in items 1 through 12 and A through D except 6B and 7 unless otherwise instructed.
 If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr. DAVID - One given name, (initials), and surname) 2. DATE OF BIRTH [] 3. SECRET NO. [] 4. DATE OF REQUEST
 2 Feb 55

5. NATURE OF PERSONNEL ACTION (Specify whether appointment, promotion, separation, etc.)
Exempt Appointment

6. EFFECTIVE DATE PROPOSED: ASEP

7. C. S. OR OTHER LEGAL AUTHORITY

8. APPROVED: []

FROM: 9. POSITION TITLE AND NUMBER TO: Identification Specialist P-925.00 99
 10. SERVICE GRADE AND SALARY GS-1390.06-07 \$4205.00 per annum
 11. ORGANIZATIONAL DESIGNATION DDI/Office of Research and Reports
 Office of Chief, []
 12. HEADQUARTERS Washington, D. D.
 13. FIELD OR DEPARTMENTAL [] FIELD [X] DEPARTMENTAL

A. REMARKS (Use reverse if necessary)
 Attachments:
 1 Interview Sheet 2 cys. Report of Medical History
 3 cys. PHS 4 cys. of Letter of Commendation

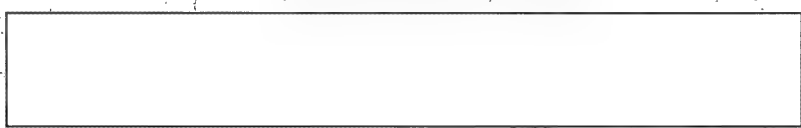


14. RACE [] 15. DATE OF APPOINTMENT (MONTH AND YEAR) [] 16. LEGAL RESIDENCE [] CLAIMED [] PROVED [] STATE []

17. APPROPRIATION FROM TO 9-5709-20

18. SIGNATURE OF REQUESTING OFFICER [] DATE [] BY []

19. SIGNATURE OF APPROVING OFFICER [] DATE [] BY []



CONFIDENTIAL

DATE: JUN 9 1955

TO : Placement and Utilization Division, Personnel Office

FROM : Assistant Director, ORR

SUBJECT:

The case of a
(provisionally) cleared applicant has been thoroughly reviewed
and this Office does guarantee that the position to which he
is to be assigned does fall within the personnel ceiling of
ORR. Therefore, it is requested that the above-named indi-
vidual be brought on duty as soon as possible.

FOR THE ASSISTANT DIRECTOR:

Chief, Administrative Staff, ORR

CONFIDENTIAL

CONFIDENTIAL

Office Memorandum • UNITED STATES GOVERNMENT

TO : Placement and Utilization Division, O/P

DATE: 21 April 1955

ATTEN: [REDACTED]

FROM : Personnel Officer, OPR

SUBJECT: [REDACTED] - Request for Provisional Clearance

1. It is requested that a Provisional Clearance be granted for [REDACTED] to allow his entrance on duty at the earliest opportunity.

2. This Office is prepared to assign [REDACTED] to an unclassified project.

[REDACTED]

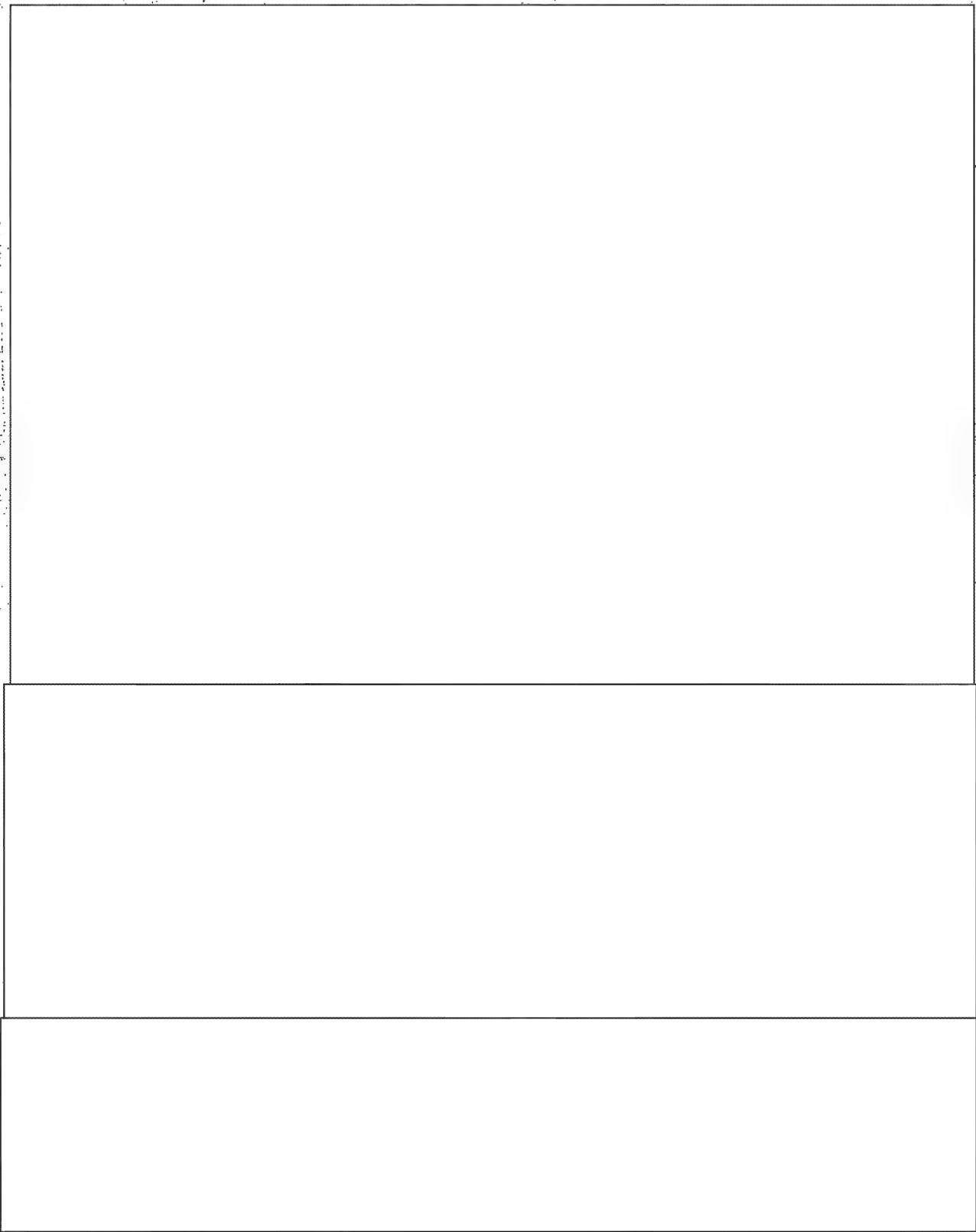
[REDACTED]

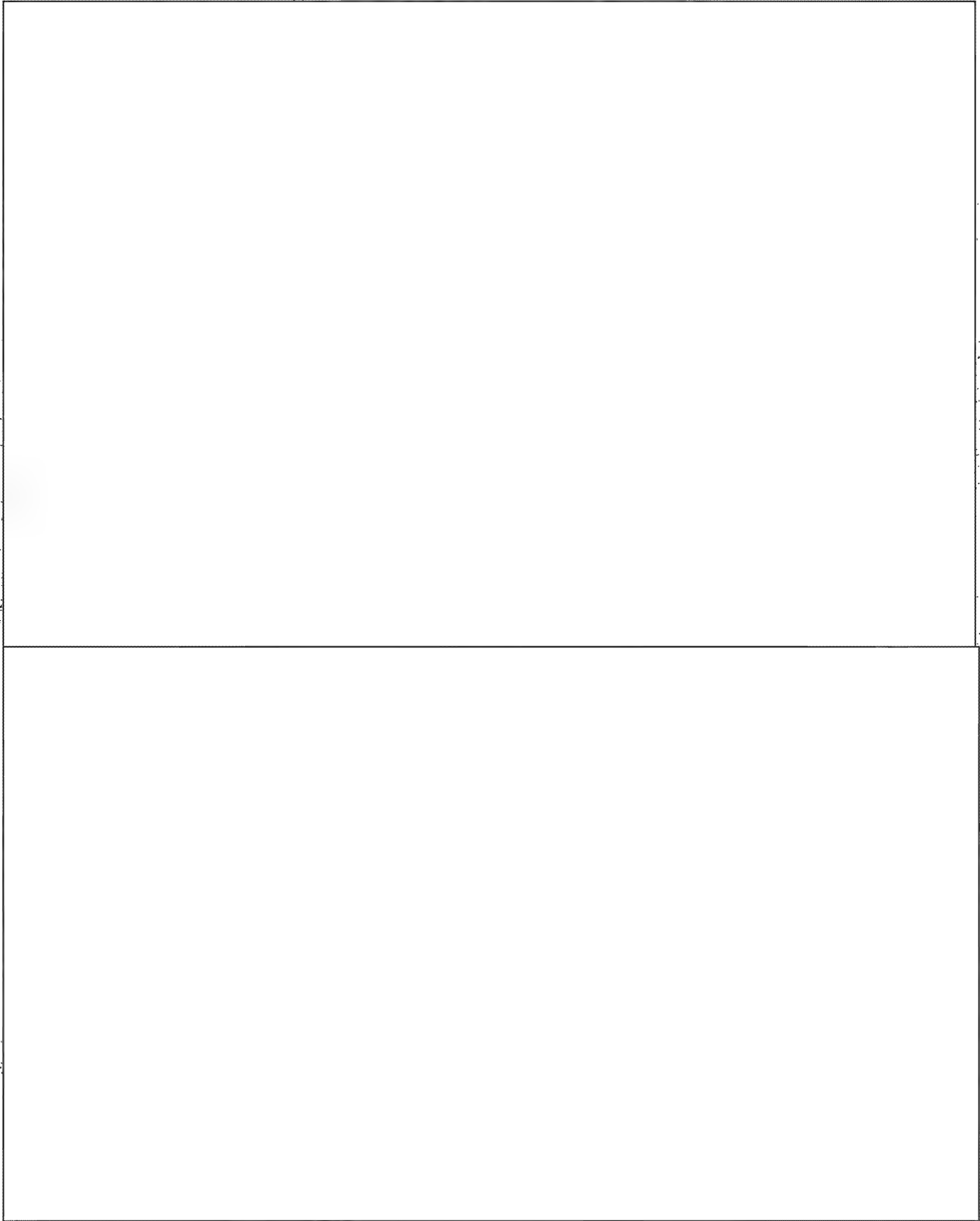
St/A/RR
[REDACTED]

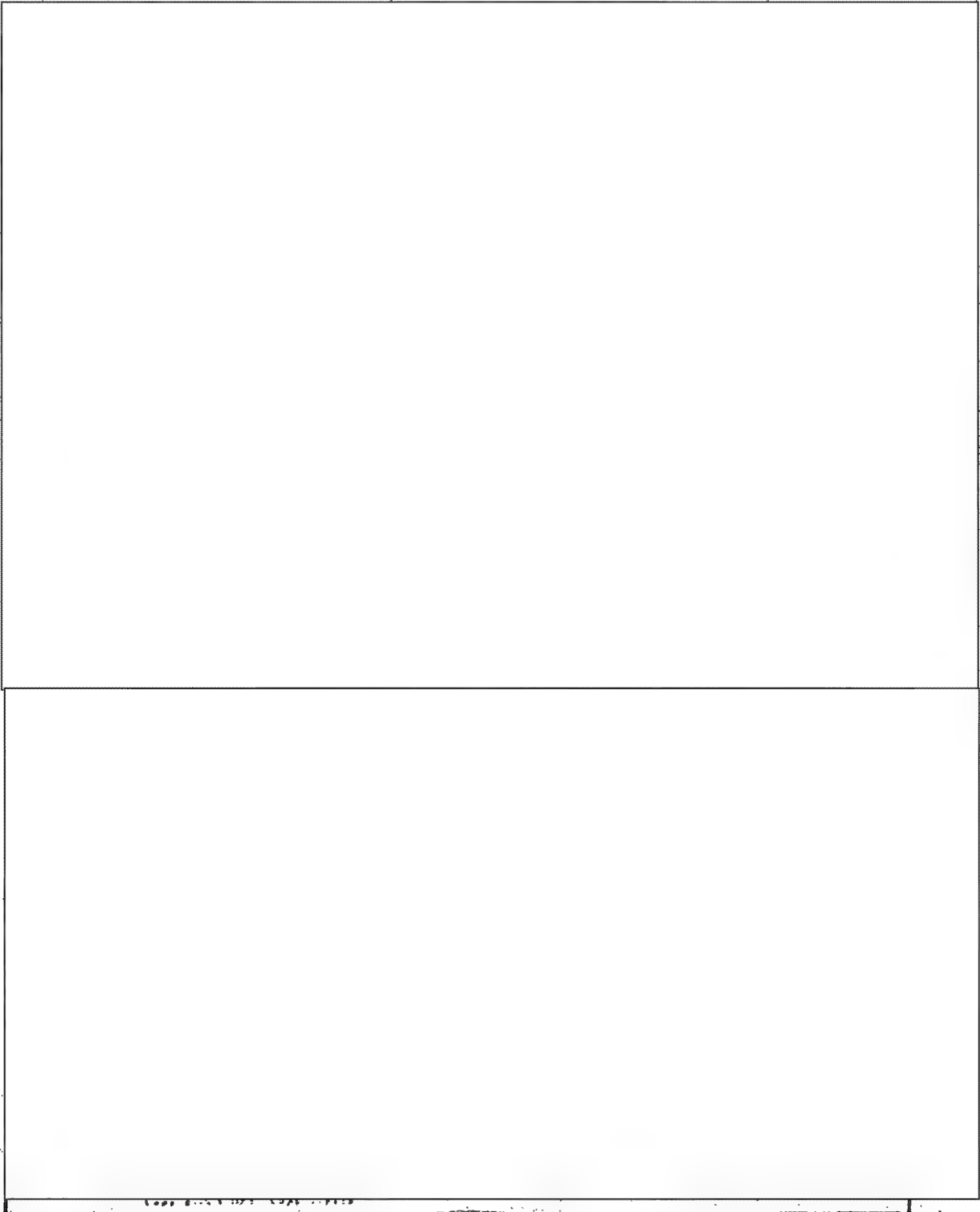
Distribution:

- 0 & 1 - Addressee
- 2 - St/A/RR
- 2 - AD/RR

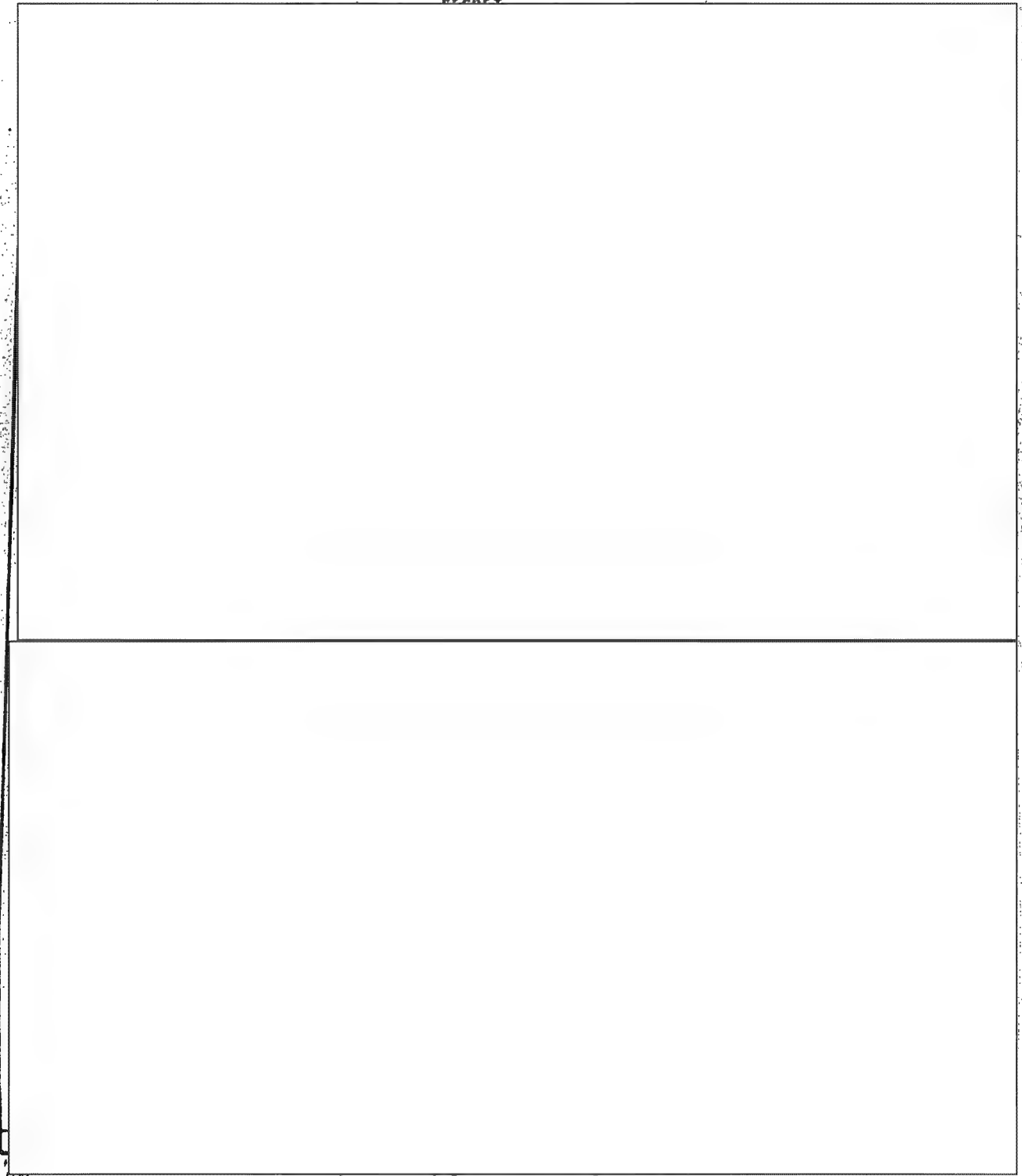
CONFIDENTIAL







SECRET



"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF
TITLE 5, U.S.C. AND EXECUTIVE ORDER 11811 PURSUANT TO AUTHORITY OF DCI
AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE
LATEL 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 OCTOBER 1974

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
	45 997	V		GS 13 6	\$25,451

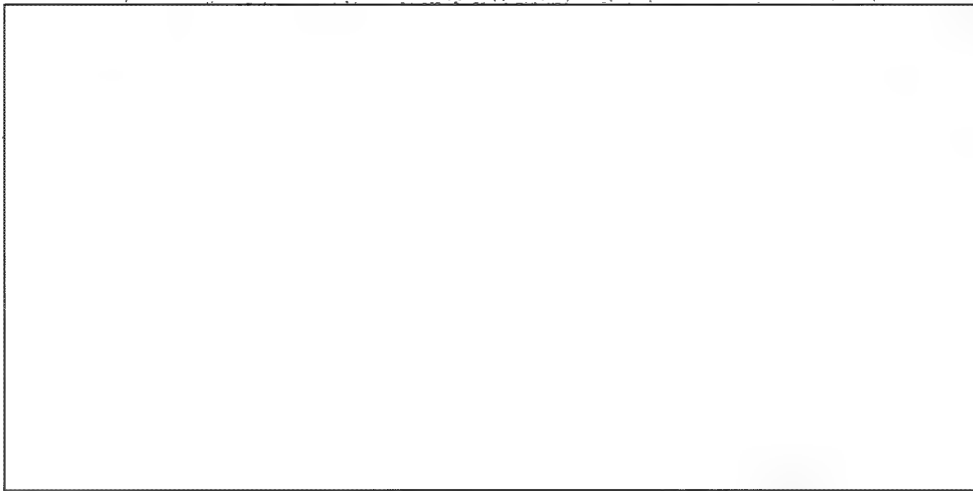
SECRET

1 July 1959

File: K - 2303

MEMORANDUM FOR: Chief, Records and Services Division
Office of Personnel

SUBJECT:



cc: SSD/OS

SECRET
JUL 1 5 10 PM '59

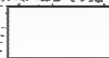
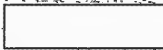
FORM 1580a

JUL 1 6 10 PM '59

(4-23-60)

FOR PURPOSES OF THE FAIR LABOR STANDARDS ACT, AS AMENDED,
YOU ARE DESIGNATED EXEMPT.

EFFECTIVE DATE OF DESIGNATION: 01 MAY 1974.



42371374

DLR: 28 MAY 75

SECRET
(When Filled In)

TOP
NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER: [] 2. NAME (LAST, FIRST, MIDDLE): []

3. PERSONNEL ACTION (RETIREMENT) (DISABILITY) UNDER CIA RETIREMENT AND DISABILITY SYSTEM FROM RSI. 4. EFFECTIVE DATE: MO DA YR 15 14 75 5. CATEGORY OF EMPLOYMENT: REGULAR

6. FUNDS: V TO V V TO CF CF TO V CF TO CF 7. FAN AND NSCA: 5237 1512 1434 8. CSC OR OTHER LEGAL AUTHORITY: PL 95-645 SECT 231

9. ORGANIZATIONAL DESIGNATIONS: DDO/EA DIVISION DEVELOPMENT COMPLEMENT 10. LOCATION OF OFFICIAL STATION: WASH., D.C.

11. POSITION TITLE: OPS OFFICER 12. POSITION NUMBER: DCOF 13. SERVICE DESIGNATION: D16

14. CLASSIFICATION SCHEDULE (GS, 18, OR J): GS 15. OCCUPATIONAL SERIES: 3136.01 16. GRADE AND STEP: 13 6 17. SALARY OR RATE: 25051

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE: 15	20. EMPLOY CODE: 14	21. OFFICE CODING: NUMERIC ALPHABETIC		22. STATION CODE	23. INTEGRAL CODE	24. HEALTH CODE	25. DATE OF BIRTH: MO DA YR	26. DATE OF GRADE: MO DA YR	27. DATE OF LEI: MO DA YR
28. NFE EXPIRES: MO DA YR	29. SPECIAL REFERENCE	30. RETIREMENT DATA: 1. CSC 2. CIA 3. INHONR		31. SEPARATION DATA CODE	32. CREDITABLE SERVICE: MO DA YR				
33. VET PREFERENCE: CODE 1. 5 PT 2. 10 PT		34. SERV. COMP. DATE: MO DA YR	35. LONG. COMP. DATE: MO DA YR	36. CAREER CATEGORY: 1. GS 2. EP 3. EMP		37. FEEDBACK CODE: 0-44 1-18			
38. PREVIOUS COURTESY GOVERNMENT SERVICE: CODE 0. NO PREVIOUS SERVICE 1. NO RETIRE. IN SERVICE 2. RETIRE IN SERVICE LESS THAN 3 YRS 3. RETIRE IN SERVICE MORE THAN 3 YRS				39. LEAVE CAT. CODE	40. FEDERAL TAX DATA: 1. FORM 1041 2. NO		41. TAX PRESENTATION		

SIGNATURE OR OTHER AUTHENTICATION

FORM 1150
3 76 MAY 1974

SECRET

86G: 25 SEPT 74

SECRET
(When Filled In)

OCF										NOTIFICATION OF PERSONNEL ACTION																													
1. SERIAL NUMBER					2. NAME (LAST-FIRST MIDDLE)					3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE					5. CATEGORY OF EMPLOYMENT																			
										EXTENDED SICK LEAVE - DISABILITY RETIREMENT NTE: 14 MAY 1975					09 06 74					REGULAR																			
6. FUNDS					7. PAN AND NSCA					8. CSC OR OTHER LEGAL AUTHORITY					9. ORGANIZATIONAL DESIGNATION					10. LOCATION OF OFFICIAL STATION																			
X					V TO V					V TO CF					5237 1392 0000					50 USC 403 J																			
					CF TO V					CF TO CF					DDO/EA DIVISION DEVELOPMENT COMPLEMENT					WASH., D.C.																			
11. POSITION TITLE										12. POSITION NUMBER										13. SERVICE DESIGNATION																			
OPS OFFICER										9997										DMG																			
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)										15. OCCUPATIONAL SERIES										16. GRADE AND STEP										17. SALARY OR RATE									
GS										0136.01										13 6										24122									
18. DATES:										19. OTHER:										20. HOME BASE:																			
LWD: 06 SEPTEMBER 1974																				EA																			
OTHER:																																							
HOME BASE: EA																																							
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL																																							
21. ACTION CODE			22. EMPLOY CODE			23. OFFICE CODING			24. STATION CODE			25. INTERFERE CODE			26. HOURS CODE			27. DATE OF BIRTH			28. DATE OF OFFICE			29. DATE OF LET															
31			40			45997 EA			75013																														
30. NTE EXPIRES			31. SPECIAL REFERENCE			32. RETIREMENT DATA			33. SEPARATION DATA CODE			34. PROTECTIVE/COMPLIANCE DUTY			35. SECURITY REG. NO.			36. SER.																					
05 14 75			SL												EOD DATA																								
37. VET REFERENCE			38. SERV COMB DATE			39. LOYALTY COMP DATE			40. CAREER CATEGORY			41. FEELT HEALTH INSURANCE			42. SOCIAL SECURITY NO.																								
43. PREVIOUS CIVILIAN GOVERNMENT SERVICE										44. LEAVE CAT CODE										45. FEDERAL TAX DATA																			
CODE										CODE										CODE																			
1. NO FEDERAL SERVICE										1. YES										1. YES																			
2. NO FEDERAL SERVICE										2. YES										2. YES																			
3. FEDERAL SERVICE (LESS THAN 5 YRS)										3. YES										3. YES																			
4. FEDERAL SERVICE (MORE THAN 5 YRS)										4. YES										4. YES																			
SIGNATURE OR OTHER AUTHENTICATION																																							
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>JA 9/26/74</i></p> </div>																																							

DMS: 16 SEPT 74

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1 SERIAL NUMBER		2 NAME (LAST FIRST MIDDLE)	
3 NATURE OF PERSONNEL ACTION		4 EFFECTIVE DATE	5 CATEGORY OF EMPLOYMENT
REASSIGNMENT		15 74	REGULAR
6 FUNDS	V TO V CF TO V	V TO CF CF TO CF	8 CAC OR OTHER LEGAL AUTHORITY
		5037 1300 3001	5 USC 493 J
9 ORGANIZATIONAL DESIGNATION		10 LOCATION OF OFFICIAL STATION	
DDO/EA DIVISION DEVELOPMENT, COMPLETION		ASH., D.C.	
11 POSITION TITLE		12 POSITION NUMBER	13 SERVICE DESIGNATION
OPS OFFICER		3097	DNC
14 CLASSIFICATION SCHEDULE (GS, LS, etc.)	15 OCCUPATIONAL SERIES	16 GRADE AND STEP	17 SALARY OR RATE
GS	136.01	13 6	29122
18 REMARKS			
OTHER			
HOME BASE: EA			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19 ACTION CODE	20 (Agency Code)	21 OFFICE CODING	22 STATION CODE
37	10	49087 EA	75013
23 DATE OF BIRTH	24 DATE OF GRADE	25 DATE OF PAY	26 SECURITY REL NO
27 HIE EMPRES	28 SPECIAL REFERENCE	29 RETIREMENT DATA	30 SEPARATION DATA CODE
31 VET PREFERENCE	32 SERV COMP DATE	33 LEAVE COMP DATE	34 CARRIER CATEGORY
35 PREVIOUS CIVILIAN GOVERNMENT SERVICE	36 LEAVE CAT CODE	37 FEDERAL TAX DATA	38 STATE TAX DATA
SIGNATURE FOR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>OK [Signature]</i></p> </div>			

SECRET
(When Filled In)

FORM 100 22 JAN 74

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			
4. EFFECTIVE DATE MO DA 'YY 01 20 74		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V C TO V		7. PAN AND NDCA 4227 1374 0000	
8. CXC OR OTHER LEGAL AUTHORITY 50 USC 403		9. OCCASIONAL DESIGNATIONS DDQ/EA DIVISION	
10. LOCATION OF OFFICIAL STATION WASH, D.C.		11. POSITION TITLE OPS OFFICER	
12. CLASSIFICATION SCHEDULE (GS, IS, OS, 1)		13. OCCUPATIONAL SERIES	
GS		0136.01	
14. GRADE AND STEP 13 6		15. SALARY OR RATE 24122	
16. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

17. AGENCY CODE	18. EMPLOY CODE	19. OFFICE SYMBOL	20. STATION CODE	21. POSITION CODE	22. GRADE	23. DATE OF BIRTH	24. DATE OF LEAVE	25. DATE OF ...
37	13	45020 EA	75013					
26. ACQUISITION	27. REFERENCE	28. BENEFIT DATA	29. SEPARATION DATA CODE	30. LEAVE / REGISTRATION DATA	31. IGD DATA	32. ...	33. ...	34. ...
35. PREFERENCE	36. SERV COMP DATE	37. LEAVES COMP DATE	38. CARRIED CARRYOVER	39. REGEL / HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. ...	42. ...	43. ...	44. ...	45. ...	46. ...			

SIGNATURE OR OFFICE AUTHENTICATION

FO-110
WLB 12574

SECRET

FORM 100 22 JAN 74

U.S. GOVERNMENT PRINTING OFFICE

8683

F-7108

1. SERIAL NO		2. NAME		3. ORGANIZATION		4. FUNDS		5. SWOP HOUSE	
				43443		CP			
6. OLD SALARY RATE									
Grade	Step	Salary	Low III Date	Grade	Step	Salary	EFFECTIVE DATE	7. TYPE ACTION	
GS	13	23433	10/17/73	GS	13	24122	10/14/73		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED INDIVIDUAL IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
				1 OCT 1973					
<input type="checkbox"/> NO EXCESS SWOP <input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> SWOP STATUS AT END OF WAITING PERIOD									
CLERK'S INITIALS			ACCEPTED BY						
151							WOB (4.31)		
FORM 560 E Use previous editions									
PAY CHANGE NOTIFICATION									

"PAY ADJUSTMENT IN ACCORDANCE WITH THE PROVISIONS OF SECTION 5305 OF TITLE 5, U.S.C. AND EXECUTIVE ORDER 11739 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND DCI DIRECTIVE DATED 08 OCTOBER 1967."

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 OCTOBER 1973

NAME	SERIAL	ORGN.	FUNDS	ON-STEP	NEW SALARY
			V	GS 13 5	24122

"PAY ADJUSTMENT IN ACCORDANCE WITH 5 U.S.C. 5305 AND EXECUTIVE ORDER
11691 PURSUANT TO AUTHORITY OF OGI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND OGI DIRECTIVE DATED 08 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 07 JANUARY 1973

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
<input type="text"/>	<input type="text"/>	45	440	CF GS 13 5	\$22,328

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

003 04/20/73

1 SERIAL NUMBER 2 NAME (LAST, FIRST, MIDDLE)

3 NATURE OF PERSONNEL ACTION

REASSIGNMENT

4 EFFECTIVE DATE

MO DA YR
04 20 73

5 CATEGORY OF EMPLOYMENT

6 FUNDS

V TO V

V TO CF

7 FAR AND NSCA

8 CSC OR OTHER LEGAL AUTHORITY

CF TO V

A CF TO CF

0107 1039 0000

9 ORGANIZATIONAL DESIGNATION

000/FL DIVISION

10 LOCATION OF OFFICIAL STATION

11 POSITION TITLE

OPS OFFICER

12 POSITION NUMBER

4235

13 CAREER SERVICE DESIGNATION

14 CLASSIFICATION SCHEDULE (GS, GS, etc.)

GS

15 OCCUPATIONAL SERIES

010001

16 GRADE AND STEP

13

17 SALARY OR RATE

18 REMARKS

SIGNATURE OF OTHER AUTHORITY

003 04/20/73

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 92-210 AND EXECUTIVE ORDER 11637 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 6 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 9 JANUARY 1972

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[]	[]	45 440	CF	GS 13 5	821,237

F-22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
				45 440		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE					
Grade	Step	Salary	Last Eff. Date	Grade	Step	Salary	EFFECTIVE DATE	8. TYPE ACTION	
GS 13	4	\$19,537	10/19/69	GS 13	5	\$20,125	10/17/71		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE				DATE					
[]				7/16/71					
<input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> LWOP STATUS AT END OF WAITING PERIOD									
CLASS/INITIALS				APPROVED BY					
[]				[]					
FORM 360 E PAY CHANGE NOTIFICATION									

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-656 AND EXECUTIVE ORDER 11976 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 10 JANUARY 1971

NAME	SERIAL	ORGN. FUNDS GR-STEP	NEW SALARY
[REDACTED]	[REDACTED]	69 440 CF GS 13 4	\$19,537

SEP 1 1970

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT			
4. EFFECTIVE DATE MO DA YR 08 21 70		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V CF TO V: X		7. Financial Analysis Fee Chargeable 1137 1633 0000	
8. ORGANIZATIONAL DESIGNATIONS DDP/FE		9. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
10. LOCATION OF OFFICIAL STATION		11. POSITION TITLE OPS OFFICER	
12. POSITION NUMBER 1915		13. SERVICE DESIGNATION D	
14. CLASSIFICATION SCHEDULE (GS, PB, etc.) GS		15. OCCUPATIONAL SERIES (136.01)	
16. GRADE AND STEP 13 4		17. SALARY OR RATE 13437	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 37	20. EMPLOY CODE 10	21. OBJECT CODE 45440 FE	22. POSITION CODE 07307
23. SPECIAL REFERENCE	24. RETIREMENT DATA	25. SEPARATION DATA CODE	26. COMMUNICATIONS DATA
27. PERIODIC PAY	28. SOCIAL SECURITY DATA	29. FEDERAL TAX DATA	30. STATE TAX DATA
31. SIGNATURE OR OTHER AUTHENTICATION			

ADD DATA

POSTED
9 2 70

FORM 100-10
1-64

SECRET FVD

1-64
1-64

FORM 100-10
1-64

PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 91-231 AND EXECUTIVE ORDER 11924 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962

EFFECTIVE DATE OF PAY ADJUSTMENT: 26 DECEMBER 1969

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	NEW SALARY
[]	[]	43	440	CF GS 13 4	\$18,437

F22

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
[]		[]		43 440		CF		[]	
6. OLD SALARY RATE					7. NEW SALARY RATE				
Grade	Step	Salary	Last Chg. Date	Grade	Step	Salary	EFFECTIVE DATE	8. TYPE ACTION	
GS 13	3	\$16,865	10/20/68	GS 13	4	\$17,393	10/19/69	[]	
CERTIFICATION AND AUTHENTICATION									
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE.									
SIGNATURE []							DATE		
[]							6 OCT 69		
<input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD <input type="checkbox"/> EXCESS SHARES AT END OF WAITING PERIOD									
EMPLOYEE'S INITIALS		[]							
FORM 1000-100		PAY CHANGE NOTIFICATION							

2
776

3028

PAY ADJUSTMENT IN ACCORDANCE WITH SECTION 212 OF PL 90-206 AND EXECUTIVE ORDER 11474 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962

EFFECTIVE DATE OF PAY ADJUSTMENT: 13 JULY 1969

NAME	SERIAL	ORGN.	FUNCS	GR-STEP	NEW SALARY
[REDACTED]	[REDACTED]	45	440	CF GS 13 3	\$16,866

SECRET
(When Filled In)

FVO: 2 MAY 69

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER:		2. NAME (LAST FIRST MIDDLE)									
3. NATURE OF PERSONNEL ACTION:						4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT			
REASSIGNMENT						05 02 69		REGULAR			
6. FUNDS		V TO V		V TO CF		7. Financial Analyst No. Chargeable		8. CSC OF OTHER LEAD AUTHORITY			
CF TO V		X		CF TO CF		9137 1039 0000		50 USC 403 J			
9. OPERATIONAL DEMONSTRATIONS						10. LOCATION OF OFFICIAL STATION					
DDP/FE											
11. POSITION TITLE						12. POSITION NUMBER		13. SERVICE DESIGNATION			
OPS OFFICER						4947		D			
14. CLASSIFICATION SCHEDULE (GS, FS, etc.)			15. OCCUPATIONAL SERIES			16. GRADE AND STEP			17. SALARY OF RATE		
GS			0135.01			13 3			15369		
18. REMARKS											
HOME BASE: FE											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES		22. STATION CODE	23. PAYROLL CODE	24. PAYROLL CODE	25. DATE OF BIRTH	26. DATE OF GRADE		27. DATE OF ILE	
37	10	45440	FE	57557		3					
28. NET EMPLOY		29. SPECIAL EXPERIENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. Conversion/Conversion Date		33. SECURITY ID NO	
								EOD DATA			
34. VET PREFERENCE		35. SERV COMP DATE		36. UNEMP COMP DATE		37. CAREER CATEGORY		38. HEALTH / HEALTH DISBURSEMENT		39. SOCIAL SECURITY NO	
40. PREVIOUS CIVILIAN GOVERNMENT SERVICE				41. LEAVE CAT CODE		42. FEDERAL TAX DATA			43. STATE TAX DATA		
SIGNATURE OF OTHER AUTHENTICATION											

POSTED

550269 [Signature]

11 80

Use Previous

SECRET

SF

11 80

SECRET
(When Filled In)

JLB: 14 APR 69

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
3. NATURE OF PERSONNEL ACTION CONVERSION			
4. EFFECTIVE DATE 04 16 69		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS	V TO V	V TO CI	7. Financial Admin No. Chargeable
	CI TO V	CI TO CI	8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/FE		10. LOCATION OF OFFICIAL STATION WASH., D.C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 4024	13. OFFICE IDENTIFICTION D
14. CLASSIFICATION SCHEDULE (GS, LS, etc.) GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 13 3	17. SALARY OF RATE 15369
18. REMARKS WASH., D.C. HOME BASE: FE			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 56	20. EMPLOY CODE 10	21. OFFICE CODE (ALPHABETIC) 45140 FE	22. CLASS. CODE 75013	23. POSITION CODE	24. GRADE	25. SALARY RATE	26. DATE OF DATA	27. DATE COLLECTED
28. HIS LETTERS		29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CURRENT EDUCATIONAL INFO	33. DATA		34. SEA
35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE CAT. CODE	43. PREGNANT DATA		44. STATE PAY DATA		

SIGNATURE OR OTHER AUTHENTICATION

POSTED
14 APR 69
14 10
14 10

NSRB 1150 343 304 18 67

Use Previous Edition

SECRET PLW

SDF: 7 NOV 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

(NDF)

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
[REDACTED]		[REDACTED]	
3. PROMOTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT
PROMOTION		10 20 68	REGULAR
6. FUNDS	V TO V	7. Financial Analysis No. Chargeable	
[REDACTED]	V TO CI	8. CSC OR OTHER LEGAL AUTHORITY	
CF TO V	X	9137 1375.0000	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/FE		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER		4024	0
14. CLASSIFICATION SCHEDULE (GS, LS, etc.)	15. OCCASIONAL RATE	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	(15 5) 13 3	13330 15369
18. REMARKS			
WASH., D.C.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. PAY GRADE	21. OFFICE CODING	22. STATION CODE	23. INTERGRADE CODE	24. MONTH CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LET
22	10	45140 FC	75013	S	1	[REDACTED]	10 20 68	10 20 68
28. HIRE SERVICE	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. COMMENTS	33. SECURITY REQ. NO.		34. SER	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SOD DATA		[REDACTED]	[REDACTED]
35. VET PREFERENCE	36. SERV. COMP. DATE	37. LONG. COMP. DATE	38. CAREER CATEGORY	39. FEGLI - HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE			42. LEAVE-CAT. CODE	43. FEDERAL TAX DATA		44. STATE TAX DATA		
[REDACTED]			[REDACTED]	[REDACTED]		[REDACTED]		

SIGNATURE OR OTHER AUTHENTICATION

POSTED
11-9-68
JLB

FORM 1150
1-68

Use Previous Edition

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JLB

Issued from automatic stamping and distribution

(When Filled In)

58

COMPENSATION
BY DIVISION

1. SERIAL NO.		2. NAME		3. ORGANIZATION		4. FUNDS		5. LWOP HOURS	
				45 140		CF			
6. OLD SALARY RATE				7. NEW SALARY RATE				8. TYPE ACTION	
Grade	Step	Salary	Last EN. Date	Grade	Step	Salary	EFFECTIVE DATE	SI	ADJ.
GS 12	5	13798	09/11/66	GS 12	6	14204	09/08/68		
CERTIFICATION AND AUTHENTICATION									
I CERTIFY		D EMPLOYEE IS OF ACCEPTABLE LEVEL OF COMPETENCE							
SIGNATURE:								DATE	
		<input type="checkbox"/> NO EXCESS LWOP		<input checked="" type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD		<input type="checkbox"/> LWOP STATUS AS OF DATE		3000	
CLERK'S INITIALS								BY	
FORM 560 E		PAY CHANGE NOTIFICATION						(4-51)	

"PAY ADJUSTMENT IN ACCORDANCE WITH SECTIONS 212 AND 215 OF PL 90-206 AND EXECUTIVE ORDER 11413 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962"

EFFECTIVE DATE OF PAY ADJUSTMENT: 14 JULY 1968

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
		45 140	CF	GS 12 5	13,798	14,204

JLB: 17N MAY 68

SECRET
(When Filled In)

ODF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)

REASSIGNMENT		4. EFFECTIVE DATE MO DA '68 05 19 68	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V CF TO V	V TO CF CF TO CF	7. Financial Analysis No. Chargeable 8137 1375 0000

9. ORGANIZATIONAL DESIGNATIONS DDP/EE	10. LOCATION OF OFFICIAL STATION 50 USC 403 J
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11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 4025	13. SERVICE DESIGNATION D
-----------------------------------	-----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (GS, LB, etc.) GS	15. OCCUPATIONAL SERIES 0136-01	16. GRADE AND STEP 05 5 12 5	17. SALARY OF RATE 12604 12989
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18. REMARKS
WASH., D.C.

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 37	20. EMPLOY CODE 10	21. OFFICE CODING ALPHABETIC 45140 FE	22. STATION CODE 75013	23. INTEGRAL CODE S	24. MONTH CODE I	25. DATE OF BIRTH MO DA '68	26. DATE OF GRADE MO DA '68	27. DATE OF LEI MO DA '68
28. PTE EMPRES	29. SPECIAL PREFERENCE	30. RETIREMENT DATA 1. CSC 2. CBA 3. FCA 4. FICM	31. SEPARATION DATA CODE	32. CORRECTION / CORRECTION DATE	33. SECURITY REG NO	34. SER	EOD DATA	
35. VET PREFERENCE	36. SERV COMP DATE MO DA '68	37. LONG COMP DATE MO DA '68	38. CAREER CATEGORY CAR SER CODE	39. FEGLI / HEALTH INSURANCE CODE 0. 1967/68 1. 1968	40. SOCIAL SECURITY NO	41. PREVIOUS CIVILIAN GOVERNMENT SERVICE CODE: 1. NO PREVIOUS SERVICE 2. NO PREVIOUS SERVICE 3. SERVED IN SERVICE OF OTHER THAN U.S. GOVT 4. SERVED IN SERVICE OF U.S. GOVT		
42. LEAVE CAT CODE		43. FEDERAL TAX DATA NO EXEMPTION CODE 1. YES 2. NO		44. STATE TAX DATA NO EXEMPTION CODE 1. YES 2. NO		45. STATE TAX DATA CODE MO YR STATE CODE		

SIGNATURE OR OTHER AUTHENTICATION

POSTED
[Signature]

FORM 1133
May 1967

Use Previous Edition

SECRET

PLW

Excluded from automatic
downgrading and
declassification

(When Filled In)

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 90-206
PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949,
AS AMENDED, AND A-DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 8 OCTOBER 1967

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
<input type="text"/>	<input type="text"/>	45	997	CF 05 12 5	\$12,443	\$12,989

FVO: 1 APR 68

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST FIRST MIDDLE)

3. NATURE OF PERSONNEL ACTION SUSPENSION FOR THREE WORKING DAYS	4. EFFECTIVE DATE MO DA YR 04 01 68	5. CATEGORY OF EMPLOYMENT REGULAR
---	--	---

6. FUNDS	V TO V	V TO CF	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
	CF TO V	X CF TO CF	6137 1375 0000	50 USC 403 J

9. ORGANIZATIONAL DESIGNATION ODP/FE DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION WASH., D.C.
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11. POSITION TITLE CPS OFFICER	12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
--	------------------------------------	-------------------------------------

14. CLASSIFICATION SCHEDULE (GS, LS, etc.) FSR GS	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 05 5 12 5	17. SALARY OR RATE 12604 12959
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18. REMARKS:
SUSPENDED FOR THREE WORKING DAYS FOR INFRACTION OF AGENCY PHYSICAL SECURITY REGULATIONS. TO RETURN TO DUTY EOS 4 APRIL 1968. EMPLOYEE IS WARNED THAT FURTHER VIOLATIONS WILL BE VIEWED WITH EXTREME SERIOUSNESS.
OTHER

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODE (NO. / ALPHABETIC)	22. STATION CODE	23. INTEGRAL CODE	24. MILEAGE CODE	25. DATE OF BIRTH (MO DA YR)	26. DATE OF GRADE (MO DA YR)	27. DATE OF LEI (MO DA YR)
28. NTE. EXPIRES (NO. DA YR)	29. SPECIAL REFERENCE (CIC, etc.)	30. RETIREMENT DATA (CODE)	31. SEPARATION DATA CODE	32. CORRECTION / CONTINUATION DATA (YR MO DA YR)	EOD DATA		33. SECURITY REQ. TAG	34. SER.
35. VET. PREFERENCE (CODE)	36. SERV. COMP. DATE (MO DA YR)	37. LONG. COMP. DATE (MO DA YR)	38. CAREER CATEGORY (CAB, etc.)	39. FEGLI / HEALTH INSURANCE (CODE)	40. SOCIAL SECURITY NO.			
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE (CODE)		42. LEAVE CAT. CODE	43. FEDERAL TAX DATA (CODE)		44. STATE TAX DATA (CODE)			

SIGNATURE OR OTHER AUTHENTICATION

POSTED
 41-1-68

SECRET
(When Filled In)

cc. 27 NOV 67

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
3. NATURE OF PERSONNEL ACTION							
4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT					
NO. DA. YR.		REGULAR					
11 21 67							
6. FUNDS		7. Financial Analysis No. Chargeable					
<table border="1"> <tr> <td>Y TO Y</td> <td>Y TO CF</td> </tr> <tr> <td>CF TO Y</td> <td>CF TO CF</td> </tr> </table>		Y TO Y	Y TO CF	CF TO Y	CF TO CF	8. CM OR OTHER LEGAL AUTHORITY	
Y TO Y	Y TO CF						
CF TO Y	CF TO CF						
X		8137 1375 0000 50 USC 403 J					
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION					
DDP/FE DEVELOPMENT COMPLEMENT		WASH., D.C.					
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION				
OPS OFFICER		9997	D				
14. CLASSIFICATION SCHEDULE (GS, LB, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE				
GS	0136.01	GS 5 12 5	12071 12443				
18. REMARKS OTHER							

MARITAL STATUS - MARRIED

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODES	22. STATION CODE	23. INTEREST CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
SS	13	45997 FE	75013	S				
28. NTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CANCELLATION/CANCELLATION DATA	33. SECURITY REG. NO.		34. SER. NO.	
					EOD DATA			
35. VET. PREFERENCE	36. SERV. COMP. DATE	37. LONG COMP. DATE	38. CAREER CATEGORY	39. FEEDBACK/HEALTH INSURANCE		40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE		42. LEAVE CAT.	43. FEDERAL TAX DATA		44. STATE TAX DATA			

SIGNATURE OR OTHER AUTHENTICATION

POSTED

RS

11-23-67

PLW

SECRET
(When Filled In)

4.01
608

FORM 17-1 (Rev. 67)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER	2. NAME (LAST-FIRST-MIDDLE)

3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS	4. EFFECTIVE DATE 11 11 67	5. CATEGORY OF EMPLOYMENT REGULAR
---	-------------------------------	--------------------------------------

6. FUNDS	V TO V	V TO C	7. Financial Analysis No. Chargeable	8. CSC OR OTHER LEGAL AUTHORITY
	C TO V	C TO C	6137-1392-0000	50 USC 402 J

9. ORGANIZATIONAL DESIGNATIONS DDP/FE FE DEVELOPMENT COMPLEMENT	10. LOCATION OF OFFICIAL STATION WASHINGTON, D.C.
---	--

11. POSITION TITLE CPS OFFICER	12. POSITION NUMBER 197	13. SERVICE DESIGNATION D
-----------------------------------	----------------------------	------------------------------

14. CLASSIFICATION SCHEDULE (GS, LS, WFL)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136-01	12-5	12443

18. REMARKS TRAINING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION TO BE TAKEN CODE	20. OFFICE CODES OFFICE SYMBOLIC	21. STATION CODE	22. INTEGRITY CODE	23. MARITAL STATUS	24. DATE OF BIRTH	25. DATE OF GRADE	26. DATE OF LEI
20	13	45507	1	7-1-12			
27. NTE EXPIRES	28. SPECIAL REFERENCE	29. RETIREMENT DATA	30. SEPARATION DATA	31. CORRECT	32. SECURITY REG NO.	33. SER.	34. SER.
35. NET PREFERENCE	36. SERV COMP DATE	37. LONG COMP DATE	38. CAREER CATEGORY	39. PFLAG/HEALTH INSURANCE	40. SOCIAL SECURITY NO.		
41. PREVIOUS CIVILIAN GOVERNMENT SERVICE	42. LEAVE CAT	43. REGIONAL TAX DATA	44. STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

[Handwritten Signature]
11/11/67

FORM 17-1 1150

Use Previous Edition

SECRET FVD

When Filled In

SECRET
(When Filled In)

BJT: 25 MAY 67

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	
REASSIGNMENT		05 21 67	
5. CATEGORY OF EMPLOYMENT		REGULAR	
6. FUNDS		7. Financial Analysis No. Chargeable	
X		7237 1385 0000	
8. CSC OR OTHER LEGAL AUTHORITY		50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP/FE		WASH., D.C.	
11. POSITION TITLE		12. POSITION NUMBER	
OPS OFFICER		3877	
13. SERVICE DESIGNATION		D	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)		15. OCCUPATIONAL SERIES	
GS		0136.01	
16. GRADE AND STEP		12 5	
17. SALARY OR RATE		12443	
18. REMARKS			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE		20. EMPLOY CODE		21. OFFICE CODING		22. STATION CODE		23. INTEGREE CODE		24. MAJOR CODE		25. DATE OF BIRTH		26. DATE OF GRADE		27. DATE OF LET	
37		10		45140 FE		75013		1		1							
28. DATE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY REQ NO.		34. SER					
										EOD DATA							
35. RET. PREFERENCE		36. SEAV. COMP. DATE		37. LONG COMP. DATE		38. CAREER CATEGORY		39. HEALTH INSURANCE		40. SOCIAL SECURITY NO.							
41. PREVIOUS CIVILIAN-GOVERNMENT SERVICE				42. LEAVE CAT.				43. FEDERAL TAX DATA				44. STATE TAX DATA					

SIGNATURE OR OFFICE AUTHENTICATION

POSTED
15250

FORM 1150

Use Previous Edition

SECRET

BJT

FORM 1150-101

(When Filled In)

MRT: 17 NOV 66

SECRET
(When Filled In)

OCF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS		4. EFFECTIVE DATE 11 20 66	5. CATEGORY OF EMPLOYMENT REGULAR
6. FUNDS	V TO V	V TO CP	7. GDS CENTER NO. CHARGEABLE 7237 1385 0000
	CP TO V	CP TO CP	8. CXC OR OTHER LEGAL AUTHORITY 50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS DDP/FE		10. LOCATION OF OFFICIAL STATION WASH., D.C.	

11. POSITION TITLE OPS OFFICER	12. POSITION NUMBER 4025	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS-18, GS-1)	15. OCCUPATIONAL SERIES 0136.01	16. GRADE AND STEP 12 5
GS		17. SALARY OR RATE 12443

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUCLEAR / PROPAGANDA 45140 FE	22. STATION CODE 75013	23. INTEREST CODE I	24. GRADE CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CLASSIFICATION/CANCELLATION DATA	33. SECURITY REG. NO.		34. SER.	
35. VET. PREFERENCE	36. LEOP CORP. DATE	37. LCA: CORP. DATE	38. CAREER CATEGORY	39. REG./HEALTH INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA		42. LEAVE CAT.	43. FEDERAL LAB DATA	44. STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

[Handwritten Signature]

FORM 1120

Use Previous Edition

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

RZF: 26 SEPT 66

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION												
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)										
3. NATURE OF PERSONNEL ACTION DESIGNATION AS PARTICIPANT IN CIA RETIREMENT AND DISABILITY SYSTEM					4. EFFECTIVE DATE MO: DA: YR: 09 25 66		5. CATEGORY OF EMPLOYMENT REGULAR					
6. FUNDS		V TO V		V TO CP		7. COST CENTER NO. CHARGEABLE		8. CMC OR OTHER LEGAL AUTHORITY				
		α TO V		X α TO α		7137 1487 0000		PL 88-643 SECT. 203				
9. ORGANIZATIONAL DESIGNATIONS DOP/FE					10. LOCATION OF OFFICIAL STATION							
11. POSITION TITLE					12. POSITION NUMBER		13. SERVICE DESIGNATION D					
14. CLASSIFICATION SCHEDULE (GS, LO, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP 12		17. SALARY OR RATE					
18. REMARKS EMPLOYEE WILL RECEIVE NOTIFICATION FROM THE DIRECTOR OF PERSONNEL OF THIS DESIGNATION AND RIGHT OF APPEAL TO THE DIRECTOR OF CENTRAL INTELLIGENCE.												
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL												
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTERSEE CODE	24. HOURS CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI		
		NUMERIC	ALPHABETIC				MO	DA	YR	MO	DA	YR
28. NET EXPENSE		29. SPECIAL REFERENCE	30. RETIREMENT DATA		31. SEPARATION DATA CODE	32. CORRECTION/ANNULMENT DATA		33. SECURITY REQ. NO.		34. SEN		
			1. CODE	CODE				COD DATA				
35. NET PREFERENCE	36. SERV. COMP. DATE		37. LONG. COMP. DATE		38. CAREER CATEGORY		39. PREGN. / HEALTH INSURANCE		40. SOCIAL SECURITY NO.			
	MO	DA	YR	MO	DA	YR	CODE	CODE	D. YES	HEALTH INS. CODE		
41. PREVIOUS GOVERNMENT SERVICE DATA			42. LEAVE CAT. CODE		43. FEDERAL TAX DATA		44. STATE TAX DATA					
CODE			CODE		NO TAX EXEMPTIONS		FORM EXECUTED			CODE		
1. NO PREVIOUS SERVICE					A. YES		1. YES			STATE CODE		
2. NO BREAK IN SERVICE					B. NO		2. NO			EXEMP		
3. BREAK IN SERVICE LESS THAN 1 YEAR												
4. BREAK IN SERVICE MORE THAN 1 YEAR												
SIGNATURE OR OTHER AUTHENTICATION												
<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <p style="font-size: 24px; margin: 0;">POSTED</p> <p style="font-size: 18px; margin: 5px 0;">9.27.66/hz</p> </div>												

FORM 1150

Use Previous Edition

SECRET

FORM 1150-1 (Rev. 1-66)

(When Filled In)

123

1. Serial No.		3. Name		4. Cont. Control Number		5. LWOP Status	
				45 500 CF			
2. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Effective Date	Grade	Step	Salary	Effective Date
GS 12	4	12064	09/13/64	GS 12	5	12093	09/11/66
		111,723				12,001	
7. SPECIAL ACTIONS							
PSA							
LWOP							
ASL							
8. Remarks and Authorization							
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS _____ AUDITED BY _____ I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE. SIGNATURE: _____ 8/24/66 PAY CHANGE NOTIFICATION							

Form 500E-Mfg. 3-63

"PAY ADJUSTMENT IN ACCORDANCE WITH SALARY SCHEDULES OF PL 89-504 PURSUANT TO AUTHORITY OF DCI AS PROVIDED IN THE CIA ACT OF 1949, AS AMENDED, AND A DCI DIRECTIVE DATED 8 OCTOBER 1962."

EFFECTIVE DATE OF PAY ADJUSTMENT: 3 JULY 1966

NAME	SERIAL	ORGN.	FUNDS	GR-STEP	OLD SALARY	NEW SALARY
				GS 12 4	111,723	120,004

DLR: 30 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST, FIRST, MIDDLE)	
3. TYPE OF PERSONNEL ACTION (CANCELLATION)			
4. EFFECTIVE DATE MO. DA. YR.		5. CATEGORY OF EMPLOYMENT	
09 18 64		REGULAR	
6. FUNDS		7. COST CENTER NO. CHARGEABLE	8. CSC OR OTHER LEGAL AUTHORITY
<input type="checkbox"/> F TO F <input type="checkbox"/> CF TO F <input checked="" type="checkbox"/> F TO CF <input type="checkbox"/> CF TO CF		5137 1392 0000	50 USC 403 J
9. ORGANIZATIONAL DESIGNATIONS		10. LOCATION OF OFFICIAL STATION	
DDP FE CS/CS DEVELOPMENT COMPLEMENT		WASH., D. C.	
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION
OPS OFFICER		9997	D
14. CLASSIFICATION SCHEDULE (GS, LE, etc.)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136.01	05 2 12 4	10290 11315
18. REMARKS ADMIN ERROR			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. OFFICE CODE	21. STATUS CODE	22. PAY GRADE	23. DATE OF BIRTH	24. DATE OF GRADE	25. DATE OF LEI
01	13	45927	FE	75013		
26. SPECIAL DATA	27. PARENT DATA	28. CORRECTIVE DATA	29. SECURITY RISK NO.	30. SEN	KOD DATA	
31. PAY ESTABLISHMENT	32. EMP. DATA	33. EMP. DATA	34. EMP. DATA	35. EMP. DATA	36. EMP. DATA	37. EMP. DATA
38. FEDERAL TAX DATA	39. STATE TAX DATA	40. SOCIAL SECURITY NO.	SIGNATURE OF OFFICIAL AUTHORIZING ACTION			

POSTED
10/22/64 215

DLB: 23 SEPT 64

SECRET
(When Filled In)

ODF

NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)					
3. NATURE OF PERSONNEL ACTION		4. EFFECTIVE DATE	5. CATEGORY OF EMPLOYMENT				
		09 13 64	REGULAR				
6. FUNDS		7. COST CENTER NO. (GRADEABLE)	8. CSC OR OTHER LEGAL AUTHORITY				
<table border="1"> <tr> <td>V TO V</td> <td>V TO C</td> </tr> <tr> <td>C TO V</td> <td>C TO C</td> </tr> </table>		V TO V	V TO C	C TO V	C TO C	5137 1392 (XXX)	50 USC 403 J
V TO V	V TO C						
C TO V	C TO C						
9. ORGANIZATIONAL DESIGNATION		10. LOCATION OF OFFICIAL STATION					
DDP FE GS/GS DEVELOPMENT COMPLEMENT		WASH., D. C.					
11. POSITION TITLE		12. POSITION NUMBER	13. SERVICE DESIGNATION				
OPS OFF		9997	D				
14. CLASSIFICATION SCHEDULE (GS, GS-1)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SENIORITY OR DATE				
GS	0136.01	GS-2 12 4	10290 11315				
18. REMARKS							

FINAL LISTING

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING	22. STATION CODE	23. INTEGRAL CODE	24. PAPER CODE	25. DATE OF BIRTH	26. DATE OF GRADE	27. DATE OF LEI
55	13	45997FE	25013	1				
28. BTE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. CANCELLATION DATE	EOD DATA			33. SECURITY REF NO.
34. PER PREFERENCE	35. SERV. COMP. DATE	36. LONG SERV. DATE	37. GRADE CATEGORY	38. FEEL / HEALTH INSURANCE		39. SOCIAL SECURITY NO.		
40. PREVIOUS EMPLOYMENT SERVICE DATA		41. LEAVE (CFR)	42. FEDERAL TAX DATA		43. STATE TAX DATA			

SIGNATURE ON OTHER AUTHORIZATION

101ED
Handwritten signature

FORM 1120

Use Previous Edition

SECRET

GROUP 1
 EXCLUDED FROM AUTOMATIC
 DOWNGRADING AND
 DECLASSIFICATION

(When Filled In)

JGD: 11 SEPT 64

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO CONFIDENTIAL FUNDS		4. EFFECTIVE DATE 09 13 64	
5. CATEGORY OF EMPLOYMENT REGULAR		6. FUNDS V TO V X V TO G G TO V G TO G	
7. COST CENTER NO. CHARGEABLE 5137 1392 0000		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
9. ORGANIZATIONAL DESIGNATIONS DDP/FE CS/CS DEVELOPMENT COMPLEMENT		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
11. POSITION TITLE OPS OFFICER		12. POSITION NUMBER 9997	13. SERVICE DESIGNATION D
14. CLASSIFICATION SCHEDULE (GS, LS, PL)	15. OCCUPATIONAL SERIES	16. GRADE AND STEP	17. SALARY OR RATE
GS	0136 (0)	12 4	11315
18. REMARKS TRAINING. SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.			

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMP CODE	21. TITLE CODE	22. LOCATION CODE	23. INTEGRAL CODE	24. RESERVE CODE	25. DATE OF BIRTH	26. DATE OF ENTRY	27. DATE OF LEI
20	13	45997 FE	75013					
28. DATE EXPIRES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA	32. CORRECTION/ANCELLATION DATA	33. SECURITY RIG NO.	34. SEC.	EOD DATA	
35. PFT. PREFERENCE	36. 5YR COMP. DATE	37. 10YR COMP. DATE	38. CAREER CATEGORY	39. FIC/PLATO INSURANCE	40. SOCIAL SECURITY NO.			
41. PREVIOUS GOVERNMENT SERVICE DATA	42. LEAVE BAL.	43. FEDERAL TAX DATA	44. STATE TAX DATA					

SIGNATURE OR OTHER AUTHENTICATION

FROM: FE

FO TLD

[Signature]

FORM 1150

Use Previous Edition

13 SEP 1964 SECRET

DO NOT WRITE IN THESE SPACES

(When Filled In)

PAYMENT GRAPH

SUP 14 10 28 40 10

1 Serial No.		2 Name		3 Job Code Number		4 LWOP Hours				
				27 RF 45-160 V						
5 OLD SALARY RATE				6 NEW SALARY RATE				7 TYPE ACTION		
Grade	Step	Salary	Last EW Date	Grade	Step	Salary	Effective Date	PL	LS	ADJ
GS 12	3	10,960	09/19/63	GS 12	4	11,315	09/13/64			
8 Remarks and Authorizations										
NO EXCESS LWOP IN PAY STATUS AT END OF WAITING PERIOD LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS: <i>[Signature]</i> AUDITED BY: <i>[Signature]</i>										
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.										
SIGNATURE: <i>[Signature]</i>						DATE: <i>[Date]</i>				
PAY CHANGE NOTIFICATION										

DEC 64

SECRET
(When Filled In)

NO

NOTIFICATION OF PERSONNEL ACTION

7. NAME (LAST-FIRST MIDDLE)

[Redacted Name]

REASSIGNMENT

9. EFFECTIVE DATE

12 1 02 64

8. CATEGORY OF EMPLOYMENT

REGULAR

6. FUNDS

V TO V

V TO V

U TO -V

X U TO -U

7. GPO CENTER NO. CHARGEABLE

5137 1487 0000

8. CM OF OTHER LEGAL AUTHORITY

50 USC 403 J

9. ORGANIZATIONAL DESIGNATIONS

DDP FE

10. LOCATION OF OFFICIAL STATION

[Redacted Location]

OPS OFFICER

4608

D

14. CLASSIFICATION SCHEDULE (GS, FS, etc.)

GS

15. OCCUPATIONAL SERIES

0136.01

16. GRADE AND STEP

12 4

17. SALARY GS RATE

11315

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING NUMBER ADMINISTRATIVE	22. STATION CODE	23. INTEGRATED CODE	24. RANGE CODE	25. DATE OF BIRTH	26. DATE OF SECE	27. DATE OF LEI
37	10	45300 FE	77205		3			
28. APT. SPECIAL NO.	29. SPECIAL DIFFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. SPECIAL DATA CODE	33. SPECIAL DATA CODE	EOD DATA		34. SECURITY NO.
35. VET. PREFERENCE	36. SER. (DDP CODE)	37. LOYALTY DATA	38. ISSUED CATEGORY	39. RESULT DATA TELEPHONE	40. SPECIAL SECURITY NO.			
41. PREVIOUS EMPLOYMENT SERVICE DATA	42. EMPLOYER DATA	43. PREVIOUS EMP. DATA	44. STATE EMP DATA					

5137
1487

5137

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

ADPO 09/01/64

1. SERIAL NUMBER		2. NAME (LAST FIRST MIDDLE)					
3. NATURE OF PERSONNEL ACTION REASSIGNMENT				4. EFFECTIVE DATE MO DA YR 08 31 64		5. CATEGORY OF EMPLOYMENT	
6. FUNDS		7. COST CENTER NO. (CHARGEABLE)		8. C/A OR OTHER LEGAL AUTHORITY			
V TO V		V TO O		9237 1352 0006			
O TO V		O TO O		9. ORGANIZATIONAL DESIGNATION DDP/P6 DIVISION			
10. LOCATION OF OFFICIAL STATION WASH., D. C.				11. POSITION TITLE OPS OFFICER			
12. POSITION NUMBER 4429				13. CAREER SERVICE DESIGNATION D			
14. CLASSIFICATION SCHEDULE (GS-10-94) GS		15. OCCUPATIONAL SERIES 0136.01		16. GRADE AND STEP 12		17. SALARY OR RATE	
18. REMARKS							

SIGNATURE OF OTHER AUTHENTICATION

FOI b7D

9/1/64 met

Form 1-64 1-64

Use Previous 1-64

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

(When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87-793 AND DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS, EFFECTIVE 9 JANUARY 1964.

NAME	SERIAL	ORGN FUNDS	GR-ST	OLD SALARY	NEW SALARY
[REDACTED]	[REDACTED]	45 160 V	GS 12 3	\$10,105	\$10,640

107 1256

1. Serial No.		2. Name		3. Cost Center Number		4. LWOP Hours	
[REDACTED]		[REDACTED]		56-160 V 7			
5. OLD SALARY RATE				6. NEW SALARY RATE			
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date
GS 12	2	9,790	09/15/62	GS 12	3	10,105	09/15/63
7. TYPE ACTION							
PSI							
LSI							
ADJ.							
8. Remarks and Authorization							
/ / NO EXCESS LWOP / / IN PAY STATUS AT END OF WAITING PERIOD / / LWOP STATUS AT END OF WAITING PERIOD CLERK'S INITIALS AUDITED BY							
I CERTIFY THAT THE WORK OF THE ABOVE NAMED EMPLOYEE IS OF AN ACCEPTABLE LEVEL OF COMPETENCE.							
SIGNATURE [REDACTED]				DATE [REDACTED]			
PAY CHANGE NOTIFICATION							

107 1256
 107 1256
 107 1256

RZR: 29 APR 63

SECRET
(When Filled In)

OCF NOTIFICATION OF PERSONNEL ACTION

1. SERIAL NUMBER 2. NAME (LAST FIRST MIDDLE)

3. NATURE OF PERSONNEL ACTION
REASSIGNMENT AND CHANGE OF
SERVICE DESIGNATION

4. EFFECTIVE DATE
MO. DA. YR.
04 29 63

5. CATEGORY OF EMPLOYMENT
REGULAR

6. FUNDS

X

V PR V

V TO CF

CF TO V

CF TO CF

7. COST CENTER NO. CHARGEABLE
3237 1250 1000

8. CSC OR OTHER LEGAL AUTHORITY
50 USC 403 J

9. ORGANIZATIONAL DESIGNATION

DDP/EE

10. LOCATION OF OFFICIAL STATION

WASH., D.C.

OPS OFFICER

12. POSITION NUMBER
2103

13. SERVICE DESIGNATION
D

14. CLASSIFICATION SCHEDULE (GS, LB, etc.)

GS

15. OCCUPATIONAL SERIES
0135.01

16. GRADE AND STEP
12 2

17. SALARY OR RATE
9790

18. REMARKS

SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL

19. ACTION CODE	20. EMPLOY CODE	21. OFFICE SYMBOLS NUMERIC ALPHABETIC	22. STATION CODE	23. INTEGRAL CODE	24. HOURS CODE	25. DATE OF BIRTH	26. DATE OF MARRIAGE	27. DATE AWARDED
37	10	56100 FE	75013					
28. HIC. APPLIES	29. SPECIAL REFERENCE	30. RETIREMENT DATA	31. SEPARATION DATA CODE	32. EXCEPTION/CANCELLATION DATA	LOD DATA			
33. VET. PREFERENCE	34. SERV. COMP. DATE	35. LONG. COMP. DATE	36. CAREER CATEGORY	37. FECL/HEALTH INSURANCE	38. SPECIAL SECURITY NO.			
39. PREVIOUS GOVERNMENT SERVICE DATA			40. LEAVE/CAF CODE	41. FEDERAL TAX DATA	42. STATE TAX DATA			
43. FEDERAL EMPLOYMENT DATA			44. FEDERAL TAX DATA	45. STATE TAX DATA				

SIGNATURE OR OTHER AUTHENTICATION

POSTED
astales/K

FORM 1150

Use Previous Edition

23 APR 1963

SECRET

GROUP 1
Excluded from automatic
downgrading and
declassification

FORM 1150-20

ABM: 20 DEC 62

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

OCF

1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)	
3. NATURE OF PERSONNEL ACTION REASSIGNMENT AND TRANSFER TO VOUCHERED FUNDS			
4. EFFECTIVE DATE MO. DA. YR. 12 23 62		5. CATEGORY OF EMPLOYMENT REGULAR	
6. FUNDS V TO V G TO V CF TO CF		7. COST CENTER NO. CHARGEABLE 3257 1019 6000	
9. ORGANIZATIONAL DESIGNATIONS DDI ORR OFFICE OF THE ASSISTANT DIRECTOR		8. CSC OR OTHER LEGAL AUTHORITY 50 USC 403 J	
11. POSITION TITLE		10. LOCATION OF OFFICIAL STATION WASH., D. C.	
12. POSITION NUMBER 1564		13. CAREER SERVICE DESIGNATION IR	
14. CLASSIFICATION SCHEDULE (GS, LO, etc.) GS		15. OCCUPATIONAL SERIES 1390.08	
16. GRADE AND STEP 12 2		17. SALARY OR RATE 9790	
18. REMARKS			
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL			
19. ACTION CODE 16	20. EMPLOY CODE 10	21. OFFICE CODING NUMERIC: 88100 ALPHABETIC: ORR	22. STATION CODE 75013
23. INTX EXPIRES MO. DA. YR.	24. SPECIAL REFERENCE	25. RETIREMENT DATA A. CSC B. FICA C. ACSP	26. SEPARATION DATA CODE
27. DATE OF BIRTH MO. DA. YR.	28. DATE OF GRADE MO. DA. YR.	29. SOCIAL SECURITY NO.	30. SECURITY REQ. NO.
31. VET. PREFERENCE CODE 0 - NONE 1 - 5 PT 2 - 15 PT	32. SERV. COMP. DATE MO. DA. YR.	33. LONG. COMP. DATE MO. DA. YR.	34. CAREER CATEGORY CAR. CODE PROF. TEMP.
35. PREVIOUS GOVERNMENT SERVICE DATA CODE A - NO PREVIOUS SERVICE 1 - NO SERVICE IN SERVICE B - SERVICE IN SERVICE LESS THAN 3 YRS C - SERVICE IN SERVICE MORE THAN 3 YRS	36. FEEDBACK / HEALTH INSURANCE CODE 0 - HEALTH 1 - YES	37. FEDERAL TAX DATA FORM ELECTED CODE NO. TAX DEFERPTIONS	38. STATE TAX DATA FORM ELECTED CODE NO. TAX DEFERPTIONS
SIGNATURE OR OTHER AUTHENTICATION			
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p>25 DEC 1962</p> </div>			

FORM 1150

Use Previous Edition

SECRET

FORM 1150-1 (When Filled In)

IN ACCORDANCE WITH THE PROVISIONS OF PUBLIC LAW 87 - 793 AND
 DCI MEMORANDUM DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS,
 EFFECTIVE 14 OCTOBER 1962

NAME	SERIAL	ORGN	FUNDS	OLD GR-ST SALARY	OLD SALARY	NEW GR-ST SALARY	NEW SALARY
[REDACTED]	70530		CF 12 2	\$ 9215		12 2	\$ 9700

1. Serial No.		2. Name		3. Civil Control Number		4. LWOP Hours				
[REDACTED]		[REDACTED]		70 530 CF 3						
5. OLD SALARY RATE				6. NEW SALARY RATE				7. TYPE ACTION		
Grade	Step	Salary	Eff. Date	Grade	Step	Salary	Eff. Date	PSI	LSI	ADI
GS 12	1	8,955	03/19/61	GS 12	2	9,215	09/16/62			
8. Remarks and Authentication										
4 742 7015 744 1. NO EXCESS LWOP / / EXCESS LWOP 2. IN PAY STATUS AT END OF WAITING PERIOD 3. IN LWOP STATUS AT END OF WAITING PERIOD CLERKS INITIALS [REDACTED] PAY C [REDACTED] NOTIFICATION [Signature]										

PSC: 17 MARCH 1961

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION											
1. SERIAL NUMBER		2. NAME (LAST-FIRST-MIDDLE)									
3. NATURE OF PERSONNEL ACTION					4. EFFECTIVE DATE		5. CATEGORY OF EMPLOYMENT				
PROMOTION					03 19 61		REGULAR				
6. FUNDS		V TO V		V TO CF		7. COST CENTER NO. CHARGEABLE		8. CSC OR OTHER LEGAL AUTHORITY			
CF TO V		X		CF TO CF		1137 7000 6135		50 USC 403 J			
9. ORGANIZATIONAL DESIGNATIONS					10. LOCATION OF OFFICIAL STATION						
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF											
11. POSITION TITLE					12. POSITION NUMBER		13. CAREER SERVICE DESIGNATION				
					0096		1R				
14. CLASSIFICATION SCHEDULE (GS, WL, etc.)			15. OCCUPATIONAL SERIES		16. GRADE AND STEP		17. SALARY OR RATE				
GS			1390.08		12 1		8955				
18. REMARKS											
SPACE BELOW FOR EXCLUSIVE USE OF THE OFFICE OF PERSONNEL											
19. ACTION CODE	20. EMPLOY CODE	21. OFFICE CODING		22. STATION CODE	23. INTELCASE CODE	24. MEDICAL CODE	25. DATE OF BIRTH		26. DATE OF GRADE	27. DATE OF LEI	
22	10	70530	DDI	37587		3	03 19 61		03 19 61		
28. NTE EXPIRES		29. SPECIAL REFERENCE		30. RETIREMENT DATA		31. SEPARATION DATA CODE		32. CORRECTION/CANCELLATION DATA		33. SECURITY ATO NO.	34. SEX
								EOD DATA			
35. VET. PREFERENCE		36. SEAV. COMP. DATE		37. LONG COMP. DATE		38. MIL. SERV. CREDIT/LCO		39. SICKL. HEALTH INSURANCE		40. SOCIAL SECURITY NO.	
41. PREVIOUS GOVERNMENT SERVICE DATA				42. LEAVE CAT.		43. FEDERAL TAX DATA				44. STATE TAX DATA	
SIGNATURE OR OTHER AUTHENTICATION											
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>POSTED</p> <p><i>M. J. O'S 28-61</i></p> </div>											

Form 1150
6-63

Obsolete Previous Editions

SECRET

14-211

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORGN.		4. FUNDS		5. ALLOTMENT		
					DDI 3		UV				
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO	DA	YR				MO	DA	YR
GS 11	2	\$ 7,820	04	19	59	GS 11	3	\$ 8,090	10	16	60
TO BE COMPLETED BY THE OFFICE OF COMPTROLLER											
8. CHECK ONE <input type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						10. INITIALS OF CLERK					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						11. AUDITED					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD											
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. TYPE OF ACTION						13. REMARKS					
<input type="checkbox"/> P.S.S. <input type="checkbox"/> L.A.L. <input type="checkbox"/> PAY ADJUSTMENT						4/2					
14. AUTHENTICATION											
WA											

PAY CHANGE NOTIFICATION

FORM 5-58

560 OBSOLETE PREVIOUS EDITION REPLACES FORM 560A AND 560B

SECRET

OFFICIAL PERSONNEL FOLDER (4)

IN ACCORDANCE WITH THE PROVISIONS OF P. L. 86-568 AND DCI MEMO DATED 1 AUGUST 1956, SALARY IS ADJUSTED AS FOLLOWS EFFECTIVE 10 JULY 1960.

GD	NAME	SERIAL	ORGN	GR-ST	OLD SALARY	NEW SALARY
IR	[]	[]	19 25	GS-11 2	\$ 7,270	\$ 7,820

/s/

[]
DIRECTOR OF PERSONNEL

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS A CHANGE IN OCCUPATIONAL
SERIES RESULTING FROM APPLICATION OF STAFFING COMPLEMENT CHANGE

AUTHORIZATION NUMBER 22 DATED 1 JULY 1960.

SD	NAME	SERIAL	ORGN	OLD OCC SERIES	NEW OCC SERIES
IR	[REDACTED]	[REDACTED]	10 25	1390.06	1390.08

/s/

[REDACTED]
DIRECTOR OF PERSONNEL

SECRET
(When Filled In)

JFC:7 JULY 59

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth		4. Vet. Pref.		5. Sex		6. CS-EOD			
							None-0 5 Pt-1 10 Pt-2		Code M 1		Mo. Da. Yr. 06 15 55			
7. SCD		8. CSC Rmtt.		9. CSC Or Other Legal Authority			10. Appt. Authority		11. FEGLI		12. LCD		13. Present Ltc.	
Mo. Da. Yr. 04 16 54		Yes-1 No-2 1		50 USCA 403 J			Mo. Da. Yr. Mo. Da. Yr.		Yes-1 No-2 1-06		Mo. Da. Yr. 15 55		Yes-1 No-2 2	

PREVIOUS ASSIGNMENT

14. Organizational Designation			Code		15. Location Of Official Station			Station Code	
DDI ORR			1323		WASH., D.C.			75013	
16. Dept. - Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series	
Dept. - 1 USFD - 3 Frqn. - 5		Code 2 IDENTIFICATION SPEC			92301		GS	1390.06	
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grade		25. PSD Date		26. Appropriation Number
11 2		\$ 7270		1R	Mo. Da. Yr. 10 20 57		Mo. Da. Yr. 04 19 59		8 5709 20

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Date	
REASSIGNMENT TRANSFERRED TO CONFIDENTIAL FUNDS		06	Mo. Da. Yr. 07 26 59		REGULAR		01		

PRESENT ASSIGNMENT

31. Organizational Designation			Code		32. Location Of Official Station			Station Code	
OFFICE OF DDI (TOKYO) STRATEGIC INTELLIGENCE STAFF			1825					37537	
33. Dept. - Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series	
Dept. - 1 USFD - 3 Frqn. - 5		Code 5			00		GS	1390.06	
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grade		42. PSD Date		43. Appropriation Number
11 2		\$ 7270		1R	Mo. Da. Yr. 10 20 57		Mo. Da. Yr. 10 11 60		9 3700 75 901

44. Remarks:
SUBJECT TO APPROVED MEDICAL CLEARANCE PRIOR TO BEING SENT OVERSEAS.

POSTED

CP

23 JUN 59

SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME			3. ASSIGNED ORG.		4. FUNDS		5. ALLOTMENT		
					DDI/ORR 3		V-20				
6. OLD SALARY RATE					7. NEW SALARY RATE						
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
GS 11	1	\$ 7,030	MO	DA	YR	GS 11	2	\$ 7,270	MO	DA	YR
			10	20	57				04	19	59
TO BE COMPLETED BY THE OFFICE OF THE COMPTROLLER											
8. CHECK ONE <input checked="" type="checkbox"/> NO EXCESS LWOP <input type="checkbox"/> EXCESS LWOP						9. NUMBER OF HOURS LWOP					
IF EXCESS LWOP, CHECK FOLLOWING:						None					
<input type="checkbox"/> IN PAY STATUS AT END OF WAITING PERIOD						10. INITIALS OF CLERK					
<input type="checkbox"/> IN LWOP STATUS AT END OF WAITING PERIOD						11. AUDITED BY					
TO BE COMPLETED BY THE OFFICE OF PERSONNEL											
12. PROJECTED SALARY RATE AND EFFECTIVE DATE						13. REMARKS					
GRADE	STEP	SALARY	MO	DA	YR	CP ZU					
14. AUTHENTICATION											
<p align="right">FEB 13 1 56 PM '59</p> <p align="right">PAYROLL BRANCH</p>											

FORM NO. 5605
MAY 58

SECRET

PERSONNEL FOLDER (4)

IN LIEU OF FORM 1150 THIS NOTIFICATION EFFECTS RESLOTTING RESULTING
FROM R-20-250

SER. #	NAME	SSN	OLD SLOT	NEW SLOT	DATE
		IR 0925-01	923		03/11/59

S E C R E T

GENERAL SCHEDULE SALARY INCREASE RETROACTIVELY EFFECTIVE
12 JANUARY 1958 AUTHORIZED BY P. L. 85 - 462 AND DCI
DIRECTIVE. SALARY AS OF 15 JUNE 1958 ADJUSTED AS FOLLOWS

NAME	SERIAL	GRADE-STEP	OLD SALARY	NEW SALARY
[REDACTED]	[REDACTED]	GS-11-1	\$ 6,390	\$ 7,030

/S/ [REDACTED] DIRECTOR OF PERSONNEL

S E C R E T

SECRET
(When Filled In)

NOTIFICATION OF PERSONNEL ACTION

1. Serial No.		2. Name (Last-First-Middle)			3. Date Of Birth			4. Vet. Prof.		5. Sex		6. CS EOD						
					Mo.	Da.	Yr.	None-0			Mo.	Da.	Yr.					
								5 Pt. 1										
								10 Pt. 2										
7. SCB		8. CSC Retmt.		9. CSC Or Other Legal Authority			10. Admt. A/Hldov.		11. FEGLI		12. LCD		13. <small>Ret. from</small> <small>Comp. Fee</small>					
Mo.	Da.	Yr.	Yes-1	Code				Mo.	Da.	Yr.	Yes-1	Code	Mo.	Da.	Yr.	Yes-1	Code	
			No-2		CSCA 3102													

PREVIOUS ASSIGNMENT

14. Organizational Designations				Code	15. Location Of Official Station				Station Code	
LDI					WASH., D.C.					
16. Dept. Field		17. Position Title			18. Position No.		19. Serv.	20. Occup. Series		
Dept. 2	Code	IDENTIFICATION SPEC			2511		US	13000		
USStd. 4										
Frqn. 6										
21. Grade & Step		22. Salary Or Rate		23. SD	24. Date Of Grada		25. PSI Due		26. Appropriation Number	
GS-2		\$ 575		IR						

ACTION

27. Nature Of Action		Code	28. Eff. Date		29. Type Of Employee		Code	30. Separation Data	
PROBATION			12/17		REGULAR				

PRESENT ASSIGNMENT

31. Organizational Designations				Code	32. Location Of Official Station				Station Code	
DDI					WASH., D.C.					
ACTING MARKETING SALES										
C-1P										
33. Dept. Field		34. Position Title			35. Position No.		36. Serv.	37. Occup. Series		
Dept. 2	Code	IDENTIFICATION SPEC			2511		US	13000		
USStd. 4										
Frqn. 6										
38. Grade & Step		39. Salary Or Rate		40. SD	41. Date Of Grada		42. PSI Due		43. Appropriation Number	
GS-1		\$ 575		IR					5718	

44. Remarks



SECRET
(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED OFFICER		4. FUNDS		5. ALLOTMENT			
				DDI/ORR 3		V-20					
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				NO.	DA.	YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
REMARKS											
CERTIFICATION											
I CERTIFY THAT THE SERVICE AND CONDUCT OF THE ABOVE NAMED EMPLOYEE ARE SATISFACTORY.											
			DATE		SIGN						
			23 May 57								
PERIODIC STEP INCREASE CERTIFICATION											

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER (4)

SECRET

(WHEN FILLED IN)

1. EMP. SERIAL NO.		2. NAME		3. ASSIGNED OFFICER		4. FUNDS		5. ALLOTMENT			
				DDI/ORR		V-20					
6. OLD SALARY RATE						7. NEW SALARY RATE					
GRADE	STEP	SALARY	LAST EFFECTIVE DATE			GRADE	STEP	SALARY	EFFECTIVE DATE		
			MO.	DA.	YR.				NO.	DA.	YR.
9	1	\$ 5,440	07	01	56	9	2	\$ 5,575	06	30	57
9. CHECK ONE: <input type="checkbox"/> NO DUES LEOP <input type="checkbox"/> EXCESS LEOP											
10. EXCESS LEAVES LEOP. CHECK FOLLOWING:						11. NUMBER OF HOURS LEOP					
<input type="checkbox"/> IN PAY STATUS AT END OF WRITING PERIOD											
<input type="checkbox"/> IN LEOP STATUS AT END OF WRITING PERIOD											
12. INITIALS OF CLERK											
13. AUDITED BY											
14. AUTHENTICATION											
15. DEBITED											
16. PROJECTED SALARY RATE AND EFFECTIVE DATE											
GRADE	STEP	SALARY	NO.	DA.	YR.						
PERIODIC STEP INCREASE CERTIFICATION											

FORM NO. 560
1 MAR 56

SECRET

PERSONNEL FOLDER

STANDARD FORM 52
FORMERLY DA FORM 1-54
U. S. GOVERNMENT PRINTING OFFICE
WASHINGTON, D. C. 20540

REQUEST FOR PERSONNEL ACTION

REQUESTING OFFICE: Fill in Items 1 through 12 and A through D except 68 and 7 unless otherwise instructed.
If applicable, obtain resignation and fill in separation data on reverse.

1. NAME (Mr., Miss, Mrs., One (free name, initial(s), and surname))	2. DATE OF BIRTH	3. REGISTRY NO.	4. DATE OF REQUEST 18 April 1957
5. NATURE OF ACTION REQUESTED A. PERSONNEL (Specify whether appointment, promotion, separation, etc.) Reassignment		6. EFFECTIVE DATE A. PROPOSED: ASAP	7. C. S. OR OTHER LEGAL AUTHORITY
8. POSITION (Specify whether establish, change grade or title, etc.)		B. APPROVED: 2 JUN 1957	

FROM— Identification Specialist 7-924.03 GS-1370.06-09 \$5440.00 per annum DDI/Office of Research and Reports Chief, [Redacted]	9. POSITION TITLE AND NUMBER	TO— Identification Specialist 7-923.01 GS-1370.06-09 \$5440.00 per annum DDI/Office of Research and Reports [Redacted]
Washington, D.C.	10. SERVICE GRADE AND SALARY	Washington, D.C.
<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL	11. ORGANIZATIONAL DESIGNATION	<input type="checkbox"/> FIELD <input checked="" type="checkbox"/> DEPARTMENTAL
12. HEADQUARTERS		
13. FIELD OR DEPARTMENTAL		

14. REMARKS (Use reverse if necessary)
Reassignment submitted to conform to T/O reorganization

15. REQUESTED BY [Redacted]	16. REQUEST APPROVED BY Signature: [Redacted] Title: Chief, Administrative Staff, O-2	
17. POSITION CLASSIFICATION ACTION NEW [] VICE [] 1 A [] 1 B [] 1 C [] 1 D [] 1 E [] 1 F [] 1 G [] 1 H [] 1 I [] 1 J [] 1 K [] 1 L [] 1 M [] 1 N [] 1 O [] 1 P [] 1 Q [] 1 R [] 1 S [] 1 T [] 1 U [] 1 V [] 1 W [] 1 X [] 1 Y [] 1 Z [] SD/IR	18. DATE OF APPOINTMENT AFFIDAVIT (AG-104) [Redacted]	19. LEGAL RESIDENCE <input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED STATE: [Redacted]
20. APPROPRIATION FROM 7-5709-20 TO 7-5709-20	21. STANDARD FORM 50 COMMENTS	

22. CLEARANCE			
A	INITIAL OF SIGNATURE	DATE	REMARKS
B	OR. OF PERS. CONTROL		
C	CLASSIFICATION		
D	PLACEMENT OR TEMP.		
E			
F. APPROVED BY [Redacted]			

POSTED
ON [Redacted]

PERIODIC STEP INCREASE CERTIFICATION

CONFIDENTIAL

U. S. GOVERNMENT PRINTING OFFICE: 1954 O-720090

1. Agency and organizational description: []
 2. Period: []
 3. Block No.: 6-5709-20
 4. Step No.: []
 5. Social security account number when appropriate: []
 6. Grade and salary: GS-7 \$4525

PAYROLL CHANGE DATA

	BASE PAY	OVERTIME	GROSS PAY	RET.	FEDERAL TAX	BOND	R.L.C.A.	STATS TAX	GROUP LIFE INS.	NET PAY
7. Previous normal										
8. New normal										
9. Pay this period										

10. Remarks: []
 11. Appropriate(s): CRH 21
 12. Prepared by: FJP-25 APR 56
 13. Approved by: []

Periodic step-increase Pay adjustment Other step-increase

14. Effective date: JUNE 56
 15. Date last equivalent increase: 15 JUNE 55
 16. Old salary rate: 74525
 17. New salary rate: 82660
 18. Acknowledgment: [Signature]
 SUPERVISOR AND EMPLOYEE ARE SATISFIED

19. LWOP data (fill in appropriate spaces covering LWOP periods):
 No excess LWOP. Total excess LWOP: []
 (Check applicable box in case of excess LWOP)
 20. In pay status or part of pay status during period: []
 21. In LWOP status or part of LWOP status during period: []
 [Signature] Director of Civil

STANDARD FORM NO. 1126a-Rev. 5-54
 Form prescribed by Comp. Gen. U. S.
 October 20, 1954, General Regulation No. 197

PERSONNEL PAYROLL CHANGE SLIP - PERSONNEL COPY

CENTRAL INTELLIGENCE AGENCY, P.O. 27 May 1955
 SR-9297-1 CB

NOTIFICATION OF PERSONNEL ACTION

1. NAME (LAST, FIRST, MIDDLE AND SUFFIX, INITIALS, AND SURNAMES)		2. DATE OF BIRTH	3. JOURNAL OR ACTION NO.	4. DATE																		
[REDACTED]		[REDACTED]		15 June 1955																		
This is to notify you of the following action affecting your employment:																						
5. NATURE OF ACTION (USE STANDARD TERMINOLOGY)		6. EFFECTIVE DATE	7. CIVIL SERVICE OR OTHER LEGAL AUTHORITY																			
RECEIVED APPOINTMENT		15 June 1955	50 USCA 403 1																			
FROM		TO																				
8. POSITION TITLE		Ident. Specialist P 925.99																				
9. SERVICE, SERIES, GRADE, SALARY		GS-1390.06-7 \$425.00 per annum																				
10. ORGANIZATIONAL DESIGNATIONS		DDI/Office of Research and Reports Office of Chief, [REDACTED]																				
11. HEADQUARTERS		Washington, D.C.																				
12. FIELD OR DEPT'L		FIELD [X] DEPARTMENTAL []																				
13. VETERAN'S PREFERENCE		14. POSITION CLASSIFICATION ACTION																				
<table border="1"> <tr> <th>DATE</th> <th>WHY</th> <th>STATUS</th> <th>V. PR.</th> <th>10-POINT</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		DATE	WHY	STATUS	V. PR.	10-POINT						<table border="1"> <tr> <th>PRE</th> <th>VICE</th> <th>S.A.</th> <th>STAL</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>			PRE	VICE	S.A.	STAL				
DATE	WHY	STATUS	V. PR.	10-POINT																		
PRE	VICE	S.A.	STAL																			
		RC SD-IP																				
15. GEN	16. RACE	17. APPROPRIATION	18. SUBJECT TO C.S. RETIREMENT ACT (YES-NO)	19. DATE OF APPOINTMENT AFFIDAVIT (EXCEPTIONS ONLY)																		
M	E	5-5100-00	Yes	15 June 1955																		
		20. LEGAL RESIDENCE	21. STATE																			
		<input type="checkbox"/> CLAIMED <input type="checkbox"/> PROVED	New York																			
21. REMARKS: This action is subject to all applicable laws, rules, and regulations and may be subject to investigation and approval by the United States Civil Service Commission. The action may be corrected or canceled if not in accordance with all requirements.																						
Subject to the satisfactory completion of a trial period of one year and a medical examination.																						
RG-69																						
[REDACTED] 06/15/55 [REDACTED] 06/15/55 [REDACTED] 06/15/55																						
POSTED 27 JUN 1955																						
[REDACTED]																						

CLASSIFICATION

FITNESS REPORT

SECTION A GENERAL INFORMATION

1. EMPLOYEE NUMBER: [] 2. NAME (Last, First, and Middle): [] 3. DATE OF BIRTH: [] 4. SEX: M 5. GRADE: GS-13 6. SD: D

7. OFFICIAL POSITION TITLE: Ops Officer 8. OFF/DIV/BR OF ASSIGNMENT: DDO/EA 9. CURRENT STATION: Hqs 10. CODE (if any): [] 11. TYPE OF APPOINTMENT: [] CAREER [] RESERVE [] CONTRACT [] OTHER (how): [] 12. TYPE OF REPORT: [] ANNUAL [] REASSIGNMENT OF [] SPECIAL

13. REPORTING PERIOD (From-To): Feb Jul 1974 14. DATE REPORT DUE IN O.P.: supervisor

SECTION B QUALIFICATIONS UPDATE

17. QUALIFICATIONS UPDATE FORM IS BEING SUBMITTED WITH CHANGES, AND IS ATTACHED TO THIS REPORT. PLACE THE WORD "YES" IN THE BOX TO THE RIGHT IF NO CHANGES ARE REQUIRED, PLACE THE WORD "NO" IN THE BOX AT RIGHT.

YES [] NO []

SECTION C PERFORMANCE EVALUATION

U - Unsatisfactory: Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section D.

M - Marginal: Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section D and remedial action taken or recommended should be described.

P - Proficient: Performance is satisfactory. Desired results are being produced in the manner expected.

S - Strong: Performance is characterized by exceptional proficiency.

O - Outstanding: Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness of performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SPECIFIC DUTY NO.	RATING LETTER
1. See Section C	
2.	
3.	
4.	
5.	
6.	

OVERALL PERFORMANCE IN CURRENT POSITION

Place one overall rating based on the employee's total performance on all specific duties and on the employee's performance on all other duties. Consider ONLY effectiveness of performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

Rating Letter: []

CLASSIFICATION

SECTION D

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section C to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section D, attach a separate sheet of paper.

[Empty box for narrative comments]

SECTION E

CERTIFICATION AND COMMENTS

1. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

5

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 July 1974

OFFICIAL TITLE OF SUPERVISOR

Chief, EA/

TYPED OR PRINTED NAME AND SIGNATURE

2. BY EMPLOYEE

STATEMENT CONCERNING THIS EVALUATION OF MY PERFORMANCE

DATE

15 July 1974

SIGNATURE OF EMPLOYEE

HAVE ATTACHED

HAVE NOT ATTACHED

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I fully agree with the supervisor's narrative comments. It would be grossly misleading to attempt to provide letter ratings or a performance evaluation under the unique conditions which obtained throughout this period.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

IN/EA

4. BY EMPLOYEE

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 July 1974

SIGNATURE

CLASSIFICATION

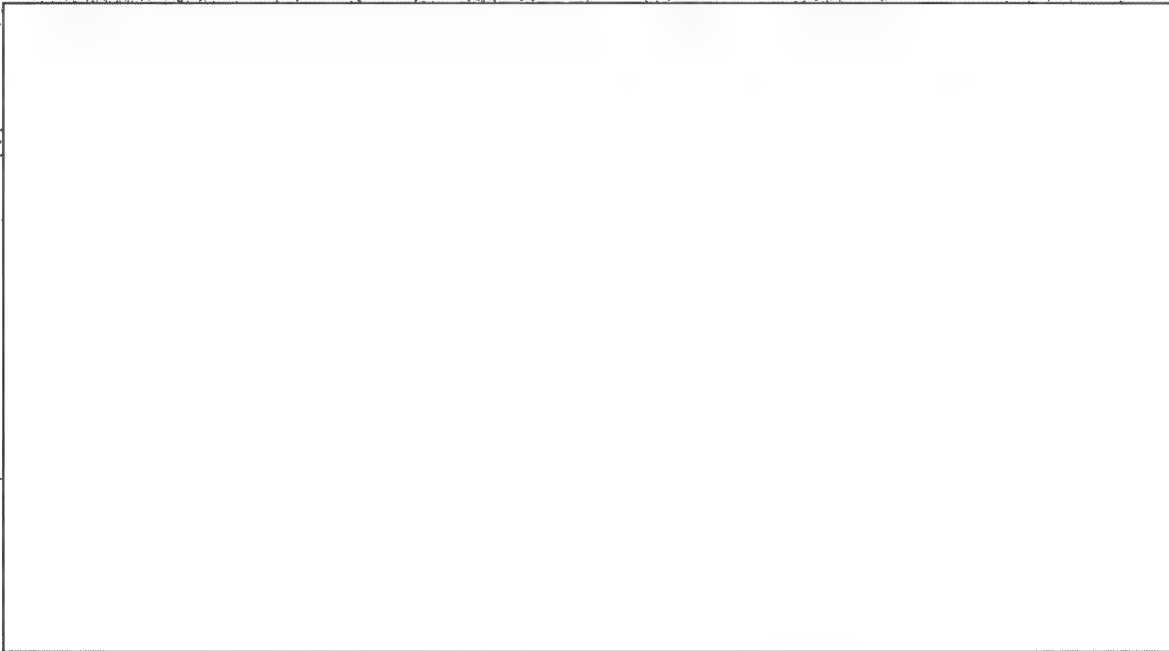
SECRET

28 August 1974

MEMORANDUM FOR THE RECORD

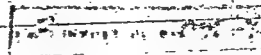
SUBJECT: Meritorious Unit Citation

On 20 August 1974 the Director of Central Intelligence approved award of the Meritorious Unit Citation [redacted] in recognition of the outstanding performance of the following employees during the period June 1971 to December 1973:



Recorder
Honor and Merit Awards Board

SECRET



CONFIDENTIAL

FITNESS REPORT		NOTE: Supervisor or Reviewing Official may assign a higher classification if CONFIDENTIAL is not adequate for the report when completed.							
SECTION A. GENERAL INFORMATION									
1. EMPLOYEE NUMBER		2. NAME (last, first, middle)			3. DATE OF BIRTH		4. SEX	5. GRADE	6. SO
							M	GS-13	D
7. OFFICIAL POSITION TITLE				8. OFF/DIV/BR OF ASSIGNMENT		9. CURRENT STATION			
Ops Officer				FE					
10. TYPE OF APPOINTMENT				11. TYPE OF REPORT					
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> CAREER-PROVISIONAL	<input type="checkbox"/> RESERVE	<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> 21-MONTH	<input type="checkbox"/> 30-MONTH	<input checked="" type="checkbox"/> REASSIGNMENT	<input type="checkbox"/> SPECIAL		
<input type="checkbox"/> CONTRACT	<input type="checkbox"/> SPECIAL	<input type="checkbox"/> TEMPORARY	12. REPORTING PERIOD (From to)		13. DATE REPORT DUE IN O.P.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30 Nov 72-31 July 73		30 September 1973				
SECTION B. PERFORMANCE EVALUATION									
U - Unsatisfactory		Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.							
M - Marginal		Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C, and remedial action taken or recommended should be described.							
P - Proficient		Performance is satisfactory. Desired results are being produced in the manner expected.							
S - Strong		Performance is characterized by exceptional proficiency.							
O - Outstanding		Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.							
SPECIFIC DUTIES									
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).									
SPECIFIC DUTY NO. 1							RATING LETTER		
[Redacted]							P		
							RATING LETTER		
							P		
							RATING LETTER		
							S		
SPECIFIC DUTY NO. 2							RATING LETTER		
Prepare reports, correspondence and other management/administrative requirements.							P		
OVERALL PERFORMANCE IN CURRENT POSITION									
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, production record, job experience, past and present work habits, and pertinent technical or clerical knowledge. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most nearly reflects his level of performance.								RATING LETTER	

CONFIDENTIAL

SECTION C	NARRATIVE COMMENTS
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>	
Empty space for narrative comments	

SECTION D			CERTIFICATION AND COMMENTS
1.			BY EMPLOYEE
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT			
DATE	SIGNATURE OF EMPLOYEE		
21 August 1973	[Signature]		
2.			BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE	
21 August 1973	DCOS	[Signature]	
3.			BY REVIEWING OFFICIAL
COMMENTS OF REVIEWING OFFICIAL			
Empty space for reviewing official comments			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE	
5 September 1973	COS	/S/ [Signature]	

CONFIDENTIAL

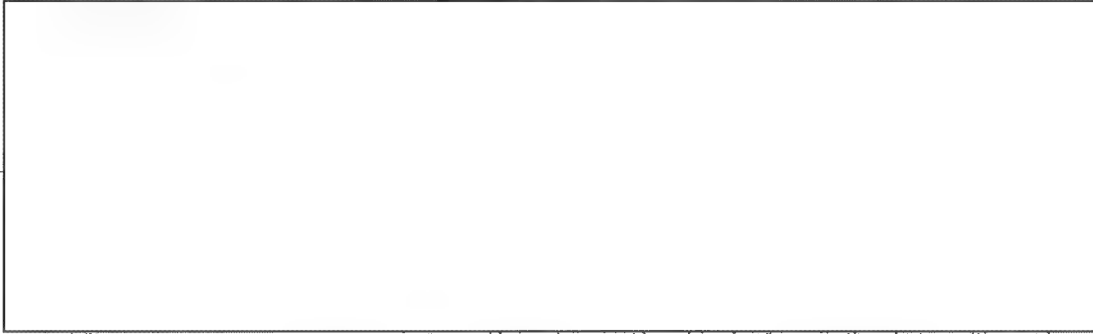
CONFIDENTIAL

Section C. Narrative Comments (Continued)

CONFIDENTIAL

Reviewing Comments
(Continued)

CONFIDENTIAL



CONFIDENTIAL

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
6. OFFICIAL POSITION/TITLE Ops. Officer			7. NUMBER OF ASSIGNMENT	8. CURRENT STATION D	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To)		
			30 November 1971 - 30 November 1972		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter, which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
					S
					RATING LETTER
					S
					RATING LETTER
					P
Prepare reports, correspondence and other management/administrative requirements.					RATING LETTER
					P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits and habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					P

JAC

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Empty box for narrative comments]

SECTION D

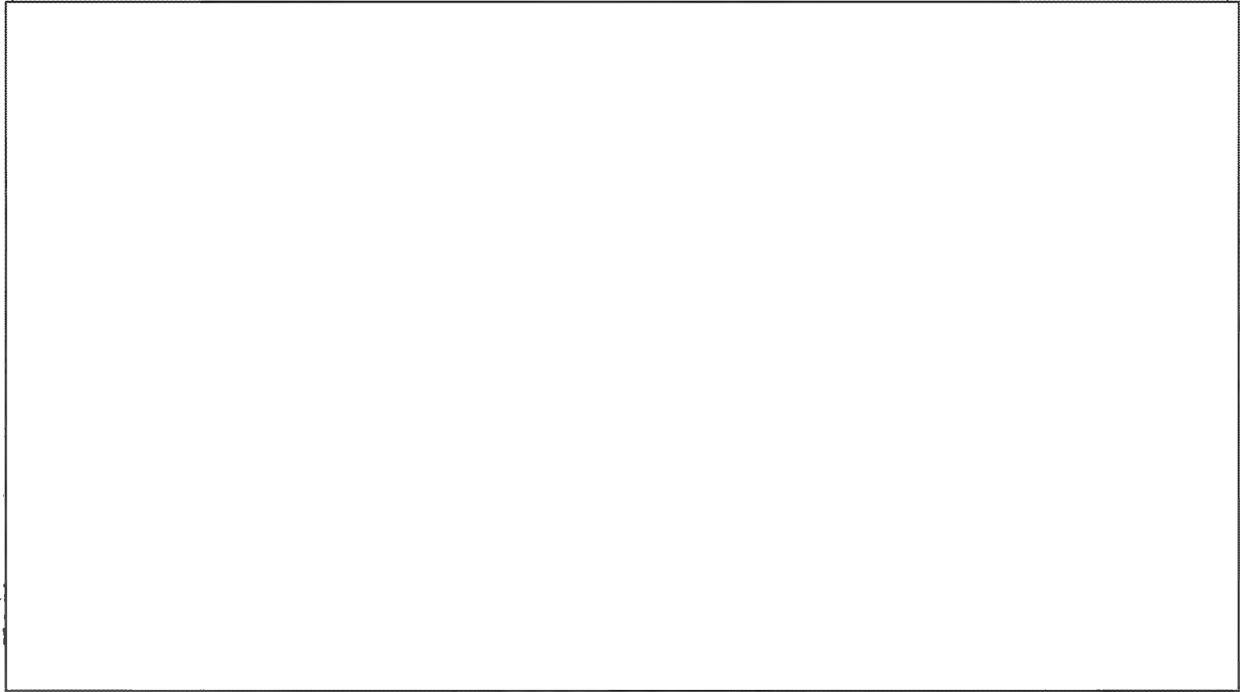
CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
24 November 1972	/s/ [Redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
24 November 1972	Deputy Chief of Station	/s/ [Redacted]
3. BY REVIEWING OFFICIAL		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
24 November 1972	Chief of Station	/s/ [Redacted]

SECRET

S E C R E T

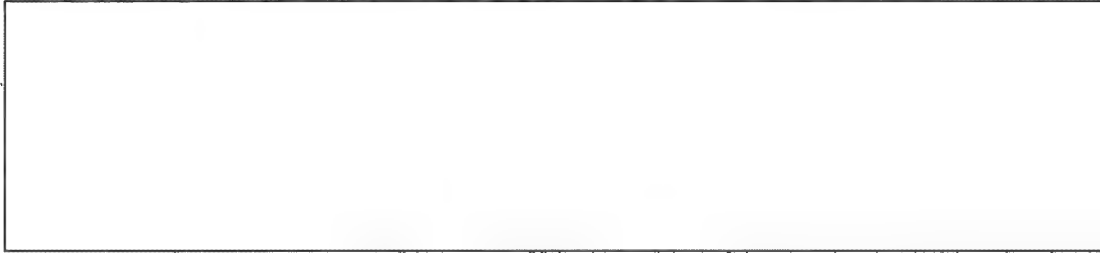
SECTION C - Narrative Comments (continued)



~~S E C R E T~~

S E C R E T

SECTION D - Comments of Reviewing Official (continued)



S E C R E T

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SER	4. GRADE	5. SD
				M	09-13	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Ops. Officer			DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
CAREER-PROVISIONAL (See Instructions - Section C)			SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)			
28 February 1972			1 August 1971 - 31 December 1971			
SECTION B PERFORMANCE EVALUATION						
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
						B
						RATING LETTER
						P
						RATING LETTER
						P
						RATING LETTER
						B
						RATING LETTER
OVERALL PERFORMANCE						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Empty box for narrative comments]

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE	SIGNATURE OF EMPLOYEE	
29 November 1971	/s/ []	
2. BY SUPERVISOR		
MONTHS EMPLOYER HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
29 November 1971	COS []	/s/ []
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
[Empty box for reviewing official comments]		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
02 DEC 1971	CFE []	[]

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>		
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-13	5. SD D
6. OFFICIAL POSITION TITLE Ops Officer				7. OFF/DIV/BR OF ASSIGNMENT DDP/FE		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <small>CAREER-PROVISIONAL (See Instructions - Section C)</small>			<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> REASSIGNMENT EMPLOYEE	
SPECIAL (Specify):			SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From to) 1 January 1971 - 30 July 1971			
SECTION B PERFORMANCE EVALUATION						
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1						RATING LETTER S
2						RATING LETTER ly P
3						RATING LETTER S
4						RATING LETTER P
5						RATING LETTER C P
6						RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER S
Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal merits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place this letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						

SECRET

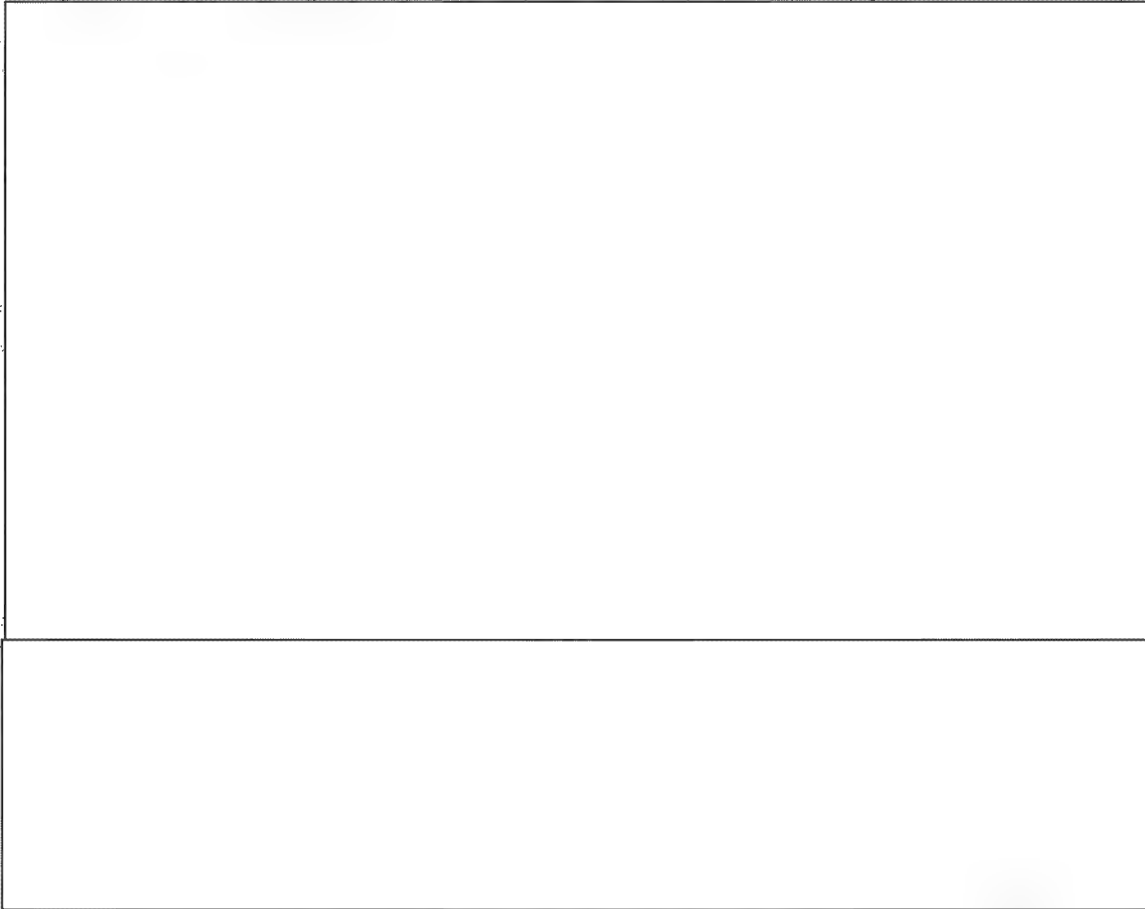
(When Filled In)

SECTION C			NARRATIVE COMMENTS		
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B as provide best basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p> <p style="text-align: right;">Aug 20 11 00 AM '71</p>					
(Continued)					
SECTION D					
CERTIFICATION AND COMMENTS					
1. BY EMPLOYEE					
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT					
DATE	SIGNATURE OF EMPLOYEE				
31 July 1971	/s/ []				
2. BY SUPERVISOR					
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION				
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE			
31 July 1971	Deputy Chief of Station	/s/ []			
3. BY REVIEWING OFFICIAL					
COMMENTS OF REVIEWING OFFICIAL					
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE			
6 August 1971	Chief of Station	/s/ []			

SECRET

S E C R E T

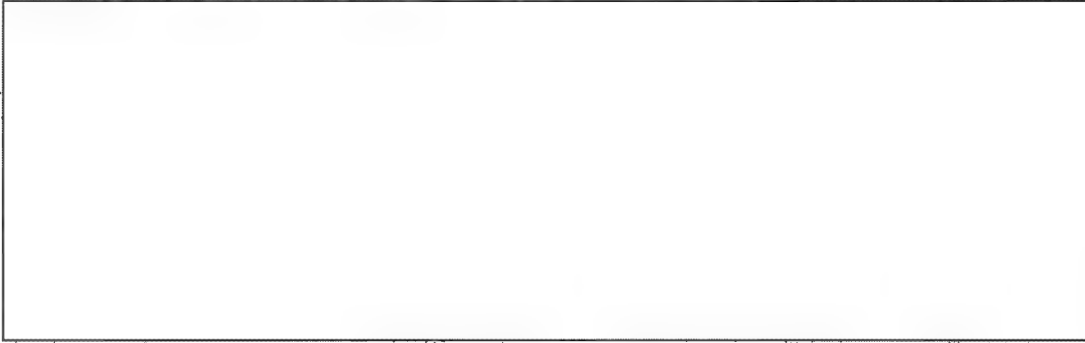
NARRATIVE (Continued)



S E C R E T

S E C R E T

REVIEWING COMMENTS (continued)

A large, empty rectangular box with a thin black border, positioned below the 'REVIEWING COMMENTS (continued)' heading. It is intended for handwritten or typed reviewing comments.

S E C R E T

SECRET

(When Filled In)

FITNESS REPORT				EMPLOYER SERIAL NUMBER	
SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH (M) (D) (YR)		3. GRADE	4. ID
		M		GS-13	D
5. OFFICIAL POSITION TITLE			7. OFF. DIV. OR OF ASSIGNMENT		8. CURRENT STATION
Ops. Officer			DDP/FR		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR	<input type="checkbox"/> REASSIGNMENT EMPLOYEE
CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL		
SPECIAL (Specify)			SPECIAL (Specify)		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
28 February 1971			1 May 1970 to 31 December 1970		
SECTION B PERFORMANCE EVALUATION					
U-Unsatisfactory	Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.				
M-Marginal	Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.				
P-Proficient	Performance is satisfactory. Desired results are being produced in the manner expected.				
S-Strong	Performance is characterized by exceptional proficiency.				
O-Outstanding	Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.				
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1: Station Communist Movement (CM) officer responsible for functional coordination of overall program, including program guidance, analysis and research, and maintenance of central subject files pertinent to program targets (1 May - 10 August 1970).					RATING LETTER S
SPECIFIC DUTY NO. 2					RATING LETTER S
SPECIFIC DUTY NO. 3					RATING LETTER P
SPECIFIC DUTY NO. 4					RATING LETTER S
SPECIFIC DUTY NO. 5					RATING LETTER P
SPECIFIC DUTY NO. 6					RATING LETTER P
Prepare reports, correspondence, and other management/administrative requirements.					RATING LETTER P
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his present position (such as past experience of specific duties, proficiency, knowledge on job, education, past performance on other work or duties, and particular limitations or needs). Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which best and most accurately reflects his level of performance.					RATING LETTER S

SECRET

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

[Large empty box for narrative comments]

3

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE	SIGNATURE OF EMPLOYEE
12 February 1971	/s/ []

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	DCGS []	/s/ []

BY REVIEWING OFFICIAL

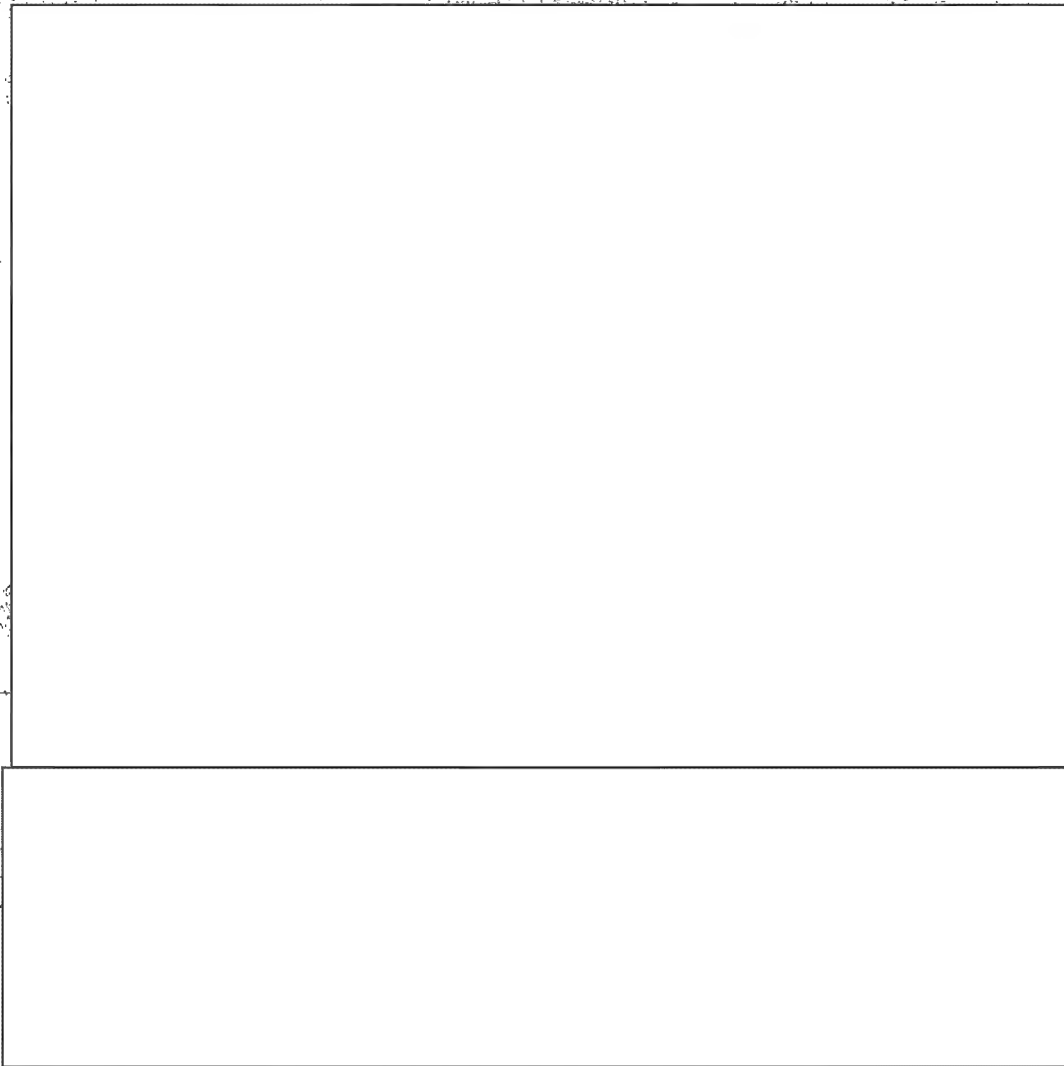
[Large empty box for reviewing official signature]

DATE	TYPED OR PRINTED NAME AND SIGNATURE
17 February 1971	/s/ []

SECRET

S E C R E T

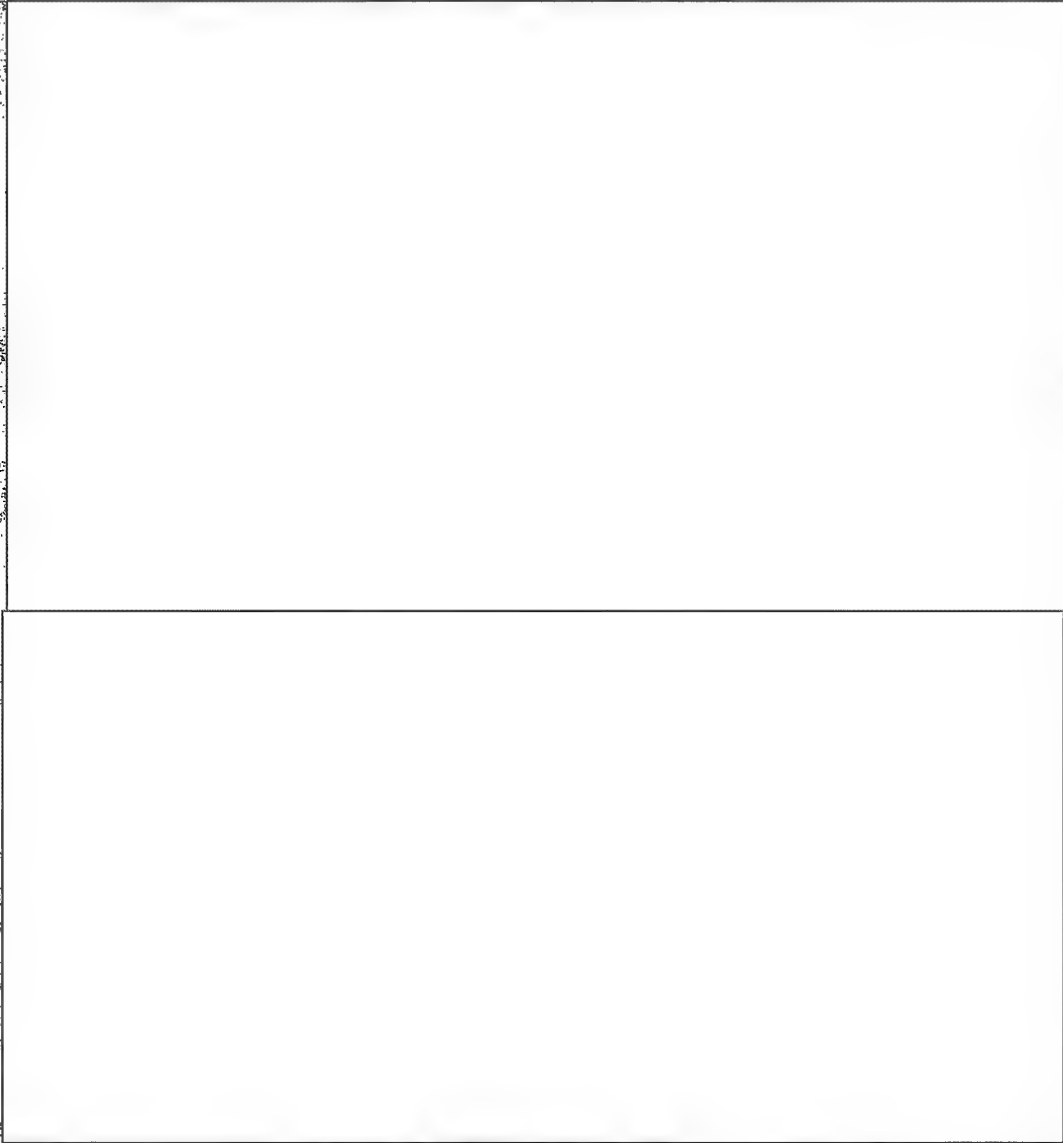
NARRATIVE (con'td)



S E C R E T

S E C R E T

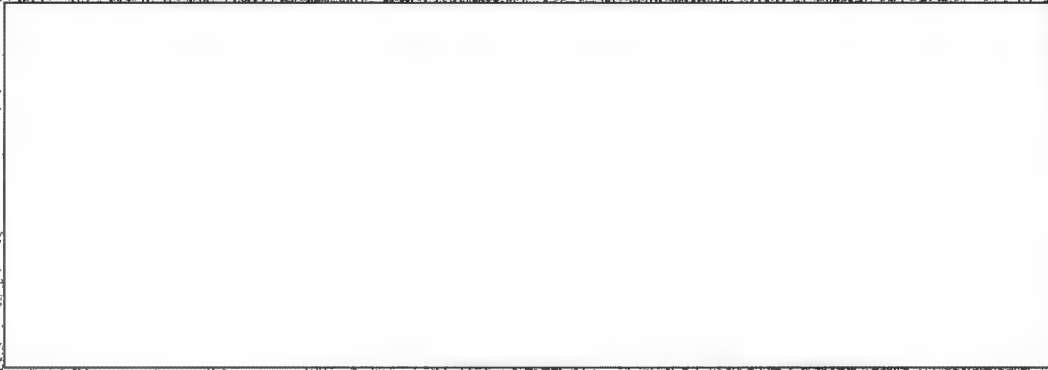
NARRATIVE (CON'TD)



S E C R E T

S E C R E T

NARRATIVE (CON'TD)



S E C R E T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL					
1. NAME Last (Middle)		2. DATE OF BIRTH		3. SEX	
				M	
4. GRADE		5. SO			
GS-13		D			
6. OFFICIAL POSITION TITLE Ops Officer			7. OFF. DIV. OR OP. ASSIGNMENT		
			DDP/FE/		
8. CHECK (X) TYPE OF APPOINTMENT			9. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P. 28 February 1970			12. REPORTING PERIOD (From - to) 1 January 1970 - 30 April 1970		
SECTION B PERFORMANCE EVALUATION					
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
					S
					S
					S
					S
SPECIFIC DUTY NO. 2	Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.				P
SPECIFIC DUTY NO. 3					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION 17 JUN 70					
Take into account everything about the employee which influences his effectiveness in his current position, such as performance of specific duties, productivity, conduct on job, cooperativeness, confidence, personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER
					S

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

JUN 16 3 10 PM '70

No substantive change from previous Fitness Report. The comments therein remain essentially valid. Subject will be acting capacity covering in the main the current supervisor's functional responsibilities for an interim period of over two months. Through a deliberately imposed trial period in preparation for this change, Subject has moved in strongly and with good judgment. The variation in Rating Letter grades reflects the longer period of assessment. Subject has improved demonstrably in approaches and initiative under Specific Duty No. 3; under Specific Duty No. 6 the current Supervisor has noted a tendency to be less than prompt in finalizing support actions so vital to liaison as such and our own support elements; finally, the present Supervisor finds room for improvement in the conduct of intra-Station relationships, but this is admittedly a highly subjective view. There remains no question about overall professionalism and capabilities.

SECTION D

CERTIFICATION AND COMMENTS

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

8 May 1970

SIGNATURE OF EMPLOYEE

/s/

BY SUPERVISOR

HOW LONG EMPLOYEE HAS BEEN UNDER MY SUPERVISION

12 months

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

8 May 1970

OFFICIAL TITLE OF SUPERVISOR

Ops Officer

TYPED OR PRINTED NAME AND SIGNATURE

/s/

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

The reviewing comments made in the previous fitness report continue to apply for this brief rating period. For the same reasons stated therein, I would rate Subject in Duty #1 as Proficient and the overall grade of Proficient. Duty #1 is Subject's principal function assigned in his Letter of Instruction (LOI). During the past two weeks and for a two week period in mid April when Subject managed the [redacted] and his cases all by himself, I have observed a distinct increase in his effectiveness. He has worked long and hard, has shown initiative and imagination, has kept DCOS/COS currently briefed, and has shown good judgment in the decisions he

22 May 1970

DCOS

/s/

SECRET

COMMENTS OF REVIEWING OFFICIAL

made and recommendations referred to DCOS/COS. Subject has been encouraged to continue to exploit these strengths, as well as to expedite the preparation of written reports as noted by the Rating Officer. I have no doubt that Subject can and will exploit his potential to the maximum capacity during the next rating period in order to increase his rating, his comparative standing among the Station's other GS-13 officers, and to fulfill more thoroughly the priorities in his LOI.

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)		3. DATE OF BIRTH		4. GRADE	5. DO.	
				M	GS-13	D
6. OFFICIAL POSITION TITLE			7. OFF/DIV/BR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer			DDP/FE			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR				<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):				SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)		
21 February 1970				20 May 1969 - 31 December 1969		
SECTION B PERFORMANCE EVALUATION						
<p>U-Unsatisfactory Performance is unacceptable. A rating in this category requires immediate and positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>M-Marginal Performance is deficient in some aspects. The reasons for assigning this rating should be stated in Section C and remedial actions taken or recommended should be described.</p> <p>P-Proficient Performance is satisfactory. Desired results are being produced in the manner expected.</p> <p>S-Strong Performance is characterized by exceptional proficiency.</p> <p>O-Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
						RATING LETTER
						S
						RATING LETTER
						S
						RATING LETTER
						P
SPECIFIC DUTY NO. 4 Managerial and supervisory conduct in performance of duties and cost consciousness in the use of own time, other personnel, equipment, funds and on-the-job initiative.						RATING LETTER
						S
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						S

SECRET

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and awareness in the use of personnel, assets, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject arrived at Station in May 1969 well prepared and took over from his predecessor in an organized and professional manner; there were no hitches, either in terms of personality conflicts or operational lag. He has since continued to demonstrate care in preparation and approach to what is a demanding and highly varied assignment; he "uses" his past experience with originality and selective aggressiveness, and more important, with a keen sense of adaptability to his operational environment. Subject is definitely not a clock-watcher and gives of his own time freely and at his own initiative. Subject's initiative in [redacted] is limited only by the broad scope of duties already assigned.

Section B Specific Duties are directly related to Subject's Letter of Instruction dated 26 May 1969. In discharging his responsibilities [redacted] which includes advice and guidance to other Mission Intelligence components in addition to Station officers, Subject is limited only by the extent to which he is called on; he himself is thoroughly grounded and available for the discharge of this function. He

/continued ----/

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I, CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.		
DATE	SIGNATURE OF EMPLOYEE	
26 February 1970	/s/ [redacted]	
2. BY SUPERVISOR		
NON-THE EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE
26 February 1970	Ops Officer	/s/ [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL		
Concur generally with ratings and narrative comments. Subject is a dedicated, responsive and methodical officer whose previous duty Station was Headquarters [redacted]. In a relatively brief period of time Subject has obtained a good knowledge of the [redacted] operational information. Probably because of the presence of knowledgeable senior ops officers at the Station, Subject has been somewhat reserved in executing his assigned responsibility [redacted]. I believe Subject could have been more vigorous in this primary area of responsibility. This may change when these officers are rotated this spring and summer. This matter has been discussed with Subject by COS/DCOS and encouraged him to assume a more aggressive and substantive		
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE
26 February 1970	DCOS	/s/ [redacted]

SECRET

SECRET

SECTION C - /continued --/

not necessarily conducive to easier relationships with local counterparts, Subject handles himself with professionalism, tact and understanding, well designed to absorb increasing sensitivities and still get the job done. Operational and performance consultations are held constantly -- daily on specifics and at least weekly on detailed performance and operational objectives. These sessions are frank and Subject is as much contributor as receiver, but he is distinctly receptive to realistic supervision and guidance for operational continuity. Subject is markedly security conscious, [redacted] and is perhaps overly cost conscious. His work in analysis and research in the complex [redacted] field, bringing together and collating viably positive intelligence (which otherwise be lost) in draft form is exemplary; his finished written work requires and is getting continuing attention. In fairness to Subject on latter point, he does very well in this area when adequate time is available to "finish" the product; on balance we prefer him active and mobile and can live with this marginal fault while evident efforts to improve continue. Overall, Subject is a well-rounded operations officer, a credit to the Agency and capable of larger responsibilities.

SECRET

SECRET

Reviewing Comments (continued)

role in suggesting operational ideas, levying tailored intelligence requirements, etc. to the various ops officers. Accordingly, for this rating period, I would rate Subject in Duty #1 at Proficient with an over-all rating of Proficient. Subject has the potential to increase his capability in the operations and ops management spheres. Subject and his rating officer work effectively as a team; consultations between them have produced some positive results.

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER <div style="border: 1px solid black; width: 50px; height: 20px; margin: 0 auto;"></div>	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-13	5. SD D	
6. OFFICIAL POSITION TITLE Operations Officer				7. OFF/DIV/BR OF ASSIGNMENT DDP/FE	8. CURRENT STATION Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY				<input type="checkbox"/> INITIAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> CAREER PROVISIONAL (See instructions - Section C)				<input type="checkbox"/> ANNUAL		<input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE	
<input type="checkbox"/> SPECIAL (Specify)				<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to) 1 January 1969 - 10 May 1969			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>						S	
						RATING LETTER	
						S	
						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
Preparation and coordination of correspondence, studies, etc., in connection with Desk activities						P	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER S	

GROUP 1
Excluded from automatic
downgrading and
declassification

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

During the reporting period [redacted] has assumed greater responsibility as an Acting Desk Chief. As such he is responsible for the support of the operations of a large and active Station and for the direction of some eight employees either serving on this Desk or in process for the field. On balance he has done extremely well. His ability to express himself well verbally or in writing has stood him in good stead. His operational judgment is extremely good. He gets along well with his subordinates, delegates to them, and has obtained good production from them. He is highly cost conscious.

He has made progress in speeding up the preparation of his written material. After serving with him for some two years the undersigned is convinced that [redacted] has considerable potential for further advancement as a manager and operations officer.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

28 April 1969

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

28/4/69

OFFICIAL TITLE OF SUPERVISOR

ADC/FE [redacted]

TY

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:

[redacted] leaves shortly for an assignment [redacted]. He will be missed here since he assumed increasingly heavy responsibilities during his tenure on the Branch and performed in a responsible manner which clearly warrants the strong fitness report given him.

DATE

29 APR 1969

OFFICIAL TITLE OF REVIEWING OFFICIAL

AC/FE [redacted]

SECRET

SECRET
(When Filled In)

FITNESS REPORT		EMPLOYEE SERIAL NUMBER
SECTION A GENERAL		
1. NAME First: [] Middle: [] Last: []	4. DATE OF BIRTH M [] D [] Y []	6. GRADE GS-13
2. OFFICIAL POSITION TITLE Operations Officer	7. OFF. DIV. BR. OR ASSIGNMENT DDP/FE []	5. SSN D
3. CHECK (X) TYPE OF APPOINTMENT <input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY	8. CHECK (X) TYPE OF REPORT <input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT SUPERVISOR REASSIGNMENT EMPLOYEE
9. CHECK (X) TYPE OF APPOINTMENT <input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C)	10. CHECK (X) TYPE OF REPORT <input type="checkbox"/> SPECIAL (Specify):	
11. DATE REPORT DUE IN O.P. 31 January 1969	12. REPORTING PERIOD (From - To) 1 January 1968 - 31 December 1968	
SECTION B PERFORMANCE EVALUATION		
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work, and in comparison to the performance of others doing similar work as to warrant special recognition.</p>		
SPECIFIC DUTIES		
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).		
SPECIFIC DUTY NO. 1	[]	RATING LETTER S
SPECIFIC DUTY NO. 2	[]	RATING LETTER S
SPECIFIC DUTY NO. 3	Preparation and coordination of correspondence, studies, etc. in connection with Desk Activities.	RATING LETTER P
SPECIFIC DUTY NO. 4	[]	RATING LETTER
SPECIFIC DUTY NO. 5	[]	RATING LETTER
SPECIFIC DUTY NO. 6	[]	RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION		
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.		RATING LETTER S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

8 35 64 '69
[redacted] is a bright, energetic and capable officer. At the same time, he is professionally sound in his judgement. He is thorough in reviewing and evaluating his programs and has a superior knowledge of his subject matter. He is cost conscious.

During the past year he has handled a very large work load. While his general performance has been exemplary, there have been, at times inordinate delays in completing a proportion of his written work, accounting, etc. [redacted] has been cautioned in this occasionally erratic performance, and it is expected that he will show marked improvement.

This officer is scheduled for assignment [redacted] in mid-1969.

[redacted] He is an extremely personable individual, who while intense does very well in social situations. He is a self starter, who needs little guidance. These factors should stand him in good stead.

In spite of occasional delays noted above, [redacted] was a very strong asset [redacted] during the past year. He remains a most capable officer with considerable potential career development.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE: 30 Dec 1968 SIGNATURE: [redacted]

2. MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION:

DATE: OFFICIAL TITLE OF SUPERVISOR: TYPED OR PRINTED NAME AND SIGNATURE: CFE: [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL:
I believe the foregoing evaluation sums up the situation very well. [redacted] is an aggressive, capable, and experienced officer.

DATE: 2 January 1969 OFFICIAL TITLE OF REVIEWING OFFICIAL: DC/FF: [redacted] TYPED OR PRINTED NAME AND SIGNATURE: [redacted]

SECRET

SECRET

TRAINING REPORT

NAME OF TRAINEE: [redacted]

COURSE: CI Operations

DOB: [redacted]

HOURS: 80

OFFICE: FE SD:D

DATES: 25 Nov - 6 Dec '68

OBJECTIVE AND METHOD OF INSTRUCTION

Objectives

[Redacted area for Objectives]

Method of Instruction

The course is presented by means of lecture, case study, and discussion.

ADJECTIVAL RATINGS OF ACHIEVEMENT

Adjectival Rating

- | | |
|--|-----------|
| 1. Demonstration of understanding of course concepts and materials. | Excellent |
| 2. Participation in class discussions. | Excellent |
| 3. Imaginative and practical application of operational principles to case studies and problems. | Good |
| 4. Industriousness. | Excellent |

COMMENT: [redacted] a very active student in discussions to which he contributed many helpful ideas. His presentation of the Wennerstroem Case was both objective and critical in terms of the available information on the case.

OVERALL adjectival rating of achievement: Excellent

FOR THE DIRECTOR OF TRAINING:

2 JAN 1969

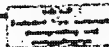
date

[Signature]
Chief Instructor

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER
SECTION A GENERAL						
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
				M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFF. DIV/DR OF ASSIGNMENT		8. CURRENT STATION	
Operations Officer			DDP/EE		Headquarters	
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT			
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY			<input type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From To)			
			7 April 1967 - 31 December 1967			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment, or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1						RATING LETTER
						S
2						RATING LETTER
						S
3						RATING LETTER
						S
4						RATING LETTER
						P
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER
						S



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Mention performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds, must be recommended, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Dec 29 3 52 PM '67

[redacted] is a thoroughly competent case officer who has been a major asset [redacted]. He has worked extremely hard with a minimum of supervision. He has not limited himself to his assigned duties, but has interested himself in other aspects of the Desk. In this regard he contributed considerably to the complete reorganization of the desk files.

In carrying out his duties he has been extremely thorough. His analysis of his cases has been excellent. While he writes clearly and meaningfully he still tends to be slow in handling correspondence. He will have to pay extra attention to this in his coming assignment [redacted].

[redacted] is personable intelligent, and mature officer. He is a self starter who should do extremely well in his upcoming assignment.

[redacted] has had no supervisory responsibilities during the period under review. He is commendably cost-conscious.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE		
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT		
DATE 10 December 1967	SIGNATURE [redacted]	
2. BY SUPERVISOR		
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 5 months	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION	
DATE 19/12/67	OFFICIAL TITLE OF SUPERVISOR CFE [redacted]	TYPED [redacted]
3. BY REVIEWING OFFICIAL		
COMMENTS OF REVIEWING OFFICIAL: I concur with the Rating Officer's evaluations and comments. Prior to his assignment [redacted] served under me on the [redacted]. While there he mastered with commendable speed a variety of complex operational matters and related subjects of interest. He could always be counted on to know his cases and come up with the facts. He is a sound professional who can be trusted to do a job with a minimum of supervision.		
In view of his excellent performance since his assignment to this Branch, [redacted] has been recommended for promotion to GS-13. He is also being programmed [redacted] where his independence and self-reliance should stand him in good stead.		
DATE 22 December 1967	OFFICIAL TITLE OF REVIEWING OFFICIAL DCFE/[redacted]	SIGNATURE [redacted]

SECRET

SECRET
(When Filled In)

FITNESS REPORT						EMPLOYEE SERIAL NUMBER	
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. ID	
6. OFFICIAL POSITION/TITLE Operations Officer			7. OFF. STATION OF ASSIGNMENT	8. CURRENT STATION Hqs			
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR			
<input type="checkbox"/> CAREER-PROFESSIONAL (See Instructions - Section C)			<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE			
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)				
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
				1 January - 7 April 1967			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider (X) effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1							RATING LETTER
							S
SPE							RATING LETTER
							S
SPE							RATING LETTER
	S						
SPE	RATING LETTER						
	P						
SPE	RATING LETTER						
	S						
SPECIFIC DUTY NO. 6							RATING LETTER
							S
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							S

SECRET
(When Filled In)

SECTION C		NARRATIVE COMMENTS	
<p>Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, materiel, equipment and funds, must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.</p>			
<p>The comments noted in [redacted] previous Fitness Report to the effect that a little more experience [redacted] (to which he was assigned in mid-October 1963) should make him a strong member have been more than amply justified during this period. With minimum supervision or direction, [redacted] undertook the task of absorbing and systemitizing the complexities of [redacted]. The result has been increased comprehension on the part of Headquarters regarding these efforts.</p> <p>[redacted] also contributed materially in the way of preliminary operational research, support, recommendations and follow-through [redacted]</p> <p>[redacted] His performance in these functions was characterized by thoroughness and imagination.</p> <p>[redacted] is an extremely capable, intelligent officer with whom it is a genuine pleasure to serve, both professionally and personally. He is intellectually [redacted].</p> <p style="text-align: right;">(Continued)</p>			
SECTION D		CERTIFICATION AND COMMENTS	
1. BY EMPLOYEE			
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.			
DATE	SIGNATURE		
25 May 1967	[redacted]		
2. BY SUPERVISOR			
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION		
Three			
DATE	OFFICIAL TITLE OF SUPERVISOR	SIGNATURE	
25 May 1967	Acting Chief, FE/[redacted]	[redacted]	
3. BY REVIEWING OFFICIAL			
COMMENTS OF REVIEWING OFFICIAL			
I would have rated [redacted] about the same. He at times suffers from an inability to articulate his thoughts clearly. There is no question of his professional grasp of his field, however. His feel for [redacted] operations is unusually sharp and he is capable of playing a significant ops role in a field assignment.			
DATE	OFFICIAL TITLE OF REVIEWING OFFICIAL	SIGNATURE	
20 May 1967	Deputy Chief, FE/[redacted]	[redacted]	

SECRET

SECRET

FITNESS REPORT - [REDACTED]

25 May 1967

SECTION C, NARRATIVE COMMENTS (Continued)

curious, has a probing mind and has the knack of quickly and accurately assessing a given situation. A diligent worker, he retains a good sense of humor and gets along well with his colleagues. He is inclined to become a bit impatient with the bureaucratic procedures at Headquarters, but has the maturity to subdue such feelings in the interests of expediency.

As for weak points, [REDACTED] has tended to be somewhat lax about answering correspondence, particularly when he felt them to be of marginal value. This has been pointed out to him, however, and he is effectively overcoming this defect.

During this period, [REDACTED] had no supervisory duties as such, although he assisted on an ad hoc basis in the supervision of a career trainee temporarily assigned to the [REDACTED] Desk. His performance here was promising and it is contemplated to assign him some supervisory responsibilities in the future.

[REDACTED] exhibits good cost consciousness.

SECRET

SECRET
(When Filled In)

FITNESS REPORT					EMPLOYEE SERIAL NUMBER		
SECTION A GENERAL							
1. NAME		(First)	(Middle)	2. SER.	3. GRADE	4. SO	
				M	12	D	
5. OFFICIAL POSITION TITLE Ops Officer				7. OFF/DIV/RS OR ASSIGNMENT DDP/FE		8. CURRENT STATION Hqs	
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER		<input type="checkbox"/> RESERVE		<input type="checkbox"/> TEMPORARY		<input checked="" type="checkbox"/> INITIAL	
<input type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C)				<input type="checkbox"/> ANNUAL		<input type="checkbox"/> REASSIGNMENT SUPERVISOR	
<input type="checkbox"/> SPECIAL (Specify):				<input type="checkbox"/> SPECIAL (Specify):		<input type="checkbox"/> REASSIGNMENT EMPLOYEE	
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From to) October - December 1966			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
See Section C							
SPECIFIC DUTY NO. 2						RATING LETTER	
SPECIFIC DUTY NO. 3						RATING LETTER	
SPECIFIC DUTY NO. 4						RATING LETTER	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
Jan 1967 me							
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.							RATING LETTER
							P

SECRET
(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties and cost consciousness in the use of personnel, space, equipment and funds must be commented on, if applicable. If extra space is needed to complete Section C, attach a separate sheet of paper.

Subject has been assigned to the [redacted] Desk since mid-^{JAN 13 3:22 PM '67} October 1966, consequently evaluation of performance of specific duties at this point would not be based upon representative evidence.

During the very brief interval Subject has been with the desk, he has shown several consistent qualities that deserve noting. Assigned the [redacted] operations sector, he applied himself to background reading, files research and organizing his materials, with commendable energy. He has accepted a variety of spot assignments requiring timely response, shown considerable initiative in locating the necessary facts, and met the required deadlines without undue assistance or observation. He shows every evidence of absorption in his assigned field. A little more experience with the country, Headquarters procedures and local conventions should make him a strong member of the desk.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

15 December 1966

SIGN

[redacted]

2.

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

Oct - Dec 1966

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

15 Dec 1966

OFFICIAL TITLE OF SUPERVISOR

CFE/ [redacted]

DATE

[redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur.

DATE

20 December 1966

OFFICIAL TITLE OF REVIEWING OFFICIAL

Deputy Chief, FE/ [redacted]

SIGNATURE

[redacted]

SECRET

S-E-C-R-E-T

TRAINING REPORT

[redacted] Operations Course No. 4
80 hours, full time 18 - 19 March 1968

Student : [redacted] Office : DDP/FE
Year of Birth: [redacted] Service Designation: D
Grade : GS-12 No. of Students : 32
EOD Date : 1955

COURSE OBJECTIVES

To orient the student on the special nature of the
Clandestine Services' [redacted] target and to train him
in the application of clandestine methods for collecting
information on, assessing, and preparing recruitment oper-
ations [redacted]

ACHIEVEMENT RECORD

This is a certificate of attendance. No evaluation is
made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

[redacted signature box]

Instructor, OIB

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

FAMILIARIZATION NO. 34
(40 hours, full-time)

26 February - 1 March 1968

Name :

No. of Students: 17

Office : FE

RD : D

Year of Birth:

Grade : CS-12

ECG Date : June 1955

COURSE OBJECTIVES - CONTENT AND METHODS

ACHIEVEMENT RECORD

The above named student actively participated in the Familiarization Course No. 34. In this session no evaluation was attempted for the area phase. The student's performance in the language familiarization phase was .

FOR THE DIRECTOR OF TRAINING:

Chief Instructor

2 March 1968

Date

GROUP 1
Excluded from automatic
downgrading and
declassification

S-E-C-R-E-T

S E C R E T

TRAINING REPORT

Operations Course No. 1-68
40 hours, full time 4 - 8 March 1968

Student :

Office : FE

Year of Birth:

Service Designation: D

Grade : GS-12

No. of Students : 25

EOD Date : June 1955

COURSE OBJECTIVE

ACHIEVEMENT RECORD

This is a certificate of attendance. No record is made of individual performance in the course.

FOR THE DIRECTOR OF TRAINING:

5 MAR 1968
Date
Chief Instructor

S E C R E T

S-E-C-R-E-T

TRAINING REPORT

Chiefs of Station Seminar No. 68

80 hours, full time 5 - 16 February 1968

Participant :

Office : (FE)

Year of Birth:

Service Designation: ^D

Grade : GS-12

No. of Students : 18

EOD Date : 1955

COURSE OBJECTIVES, CONTENT AND METHODS

The COS Seminar is aimed to prepare prospective Chiefs and Deputy Chiefs of Station and Chiefs of Base for field assignments. Emphasis was upon the difficulties confronting Chiefs of small or medium-sized installations, since they must handle a peculiarly wide range of problems. Included were case studies serving to remind outgoing chiefs of various operational approaches and techniques, but more time was devoted to policy, coordination, management, reporting, and administrative responsibilities of the Chief of Station, both within CIA and in the government at large, at home and abroad.

The bulk of the course is given in lectures and question periods conducted by officials responsible for the missions, functions, programs, and services discussed. A few key items of suggested reading are included, and bibliographies of suggested reading tailored to the individual's assignment are offered for those who want them.

ACHIEVEMENT RECORD

This is a certificate of attendance. No further assessment of individual capacity or performance is made in this course.

FOR THE DIRECTOR OF TRAINING:

20 FEB 1968

Date

S-E-C-R-E-T

S-E-C-R-E-T

TRAINING REPORT

Information Reporting, Reports and Requirements Course No. 2 - 68
LEO Hours, full time: - 26 February 1968

Student : Office :
Year of Birth: Service Designation: D
Grade : OS-12 No. of Students : 5
EOD Date : 1955

COURSE OBJECTIVES - CONTENT AND METHODS

The over-all objectives of the course are: to show the requirements function as it develops; to describe information evaluation, appraisal, and dissemination; to present fundamental principles of collection and communication of information; to demonstrate how, through Headquarters guidance, reporters can be directed and developed; and to prepare intelligence officers in the field to put information into finished report form. Supervised practice to develop skills is given in the production of finished reports; in reporting on area guidance patterns; in tailoring requirements into specific assignments; and in observing, collecting, organizing, and communicating information.

ACHIEVEMENT RECORD

Student achievement is judged from each student's observed performance during laboratory practice in the areas of instruction indicated. An asterisk (*) indicated this student's ratings. The ratings are weak, adequate, proficient, strong, and outstanding.

A. Qualitative and Quantitative Production of Reports:

Weak Adequate Proficient Strong Outstanding

COMMENT: The quality of work was uniformly excellent in every respect. He worked to full capacity.

B. Requirements Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT: His paper on this subject demonstrated that he has a very sound understanding of the Requirements and guidance systems.

S-E-C-R-E-T

S-E-C-R-E-T

C. Editorial Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His work demonstrated that he has acquired a very sound understanding of the principles of good editorial organization in intelligence reporting.

D. Reporting Performance:

Weak Adequate Proficient Strong Outstanding

COMMENT:

His outside reporting assignment was efficiently executed. It was well organized. Unfortunately, it lacked sufficient reporting detail to warrant a higher rating.

INSTRUCTOR'S OVER-ALL COMMENT:

[] was a very fine student. He worked extremely well and his many penetrating questions added very considerably to the tone of the class. His work was of excellent quality and it showed that he has acquired a sound understanding of the various aspects of the reporting function discussed.

FOR THE DIRECTOR OF TRAINING

[]

Chief Instructor

1 FEB 1968
Date

S-E-C-R-E-T

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A				GENERAL	
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE
				M	GS-12
5. OFFICIAL POSITION TITLE			6. TYPE OF ASSIGNMENT		7. CURRENT STATION
Ops Officer			DDE/FE/VIC		Vietnam
8. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> ANNUAL	<input checked="" type="checkbox"/> REASSIGNMENT SUPERVISOR
CAREER-PROVISIONAL (See Instructions - Section C)			REASSIGNMENT EMPLOYEE		
SPECIAL (Specify):			SPECIAL (Specify):		
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - to)		
			1 January - 9 July 1968		
SECTION B					
PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, re further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1					RATING LETTER
The initiation, development and management of a sensitive FI/CI operation. <i>VICIO DI 70</i>					S
SPECIFIC DUTY NO. 2					RATING LETTER
The spotting, assessment, development, recruitment and management of unilateral FI agents.					S
SPECIFIC DUTY NO. 3					RATING LETTER
Functions as a liaison officer with officials of the Vietnamese National Police. <i>VIC 51</i>					P
SPECIFIC DUTY NO. 4					RATING LETTER
The preparation of dispatches, cables, intelligence information reports, memoranda and other necessary papers required by the above duties.					A
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					S

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

1. This employee has been under the supervision of a rating officer for a period of four months. During that time he has displayed the professional qualities of a competent and knowledgeable operations officer.
2. During his tour at this Station, Subject was responsible for the initiation and development of a highly sensitive and productive FI/CI operation. His management of this project in its early stages, which has included its evolution into [redacted], has been performed in a highly commendable manner, and the project has now reached the point where its future potential appears to be substantial. Subject has demonstrated his capability in the area of [redacted] and management through the [redacted] during his present tour. He has carried out a variety of liaison duties with various elements of the National Police efficiently and capably.
3. Subject has shown the capacity properly to place his own activities within the perspective of the Station's mission. In this respect he has devoted considerable effort to acquiring a solid background of area familiarization and knowledge which has enabled him to function in a highly effective fashion.
4. This employee has shown a high degree of cost consciousness in his approach to his duties. Employee has not had supervisory responsibilities.
5. Subject has sometimes shown a lack of sufficient emphasis in properly recording the progress of his operational activities through the normal reporting procedures. Subject is now aware of this, and it is believed that this will not be a problem in the future.
6. This employee is a well-motivated, highly capable officer with excellent career potential. This supervisor would be pleased to serve with him again.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE: 8 July 1966
SIGNATURE OF EMPLOYEE: [redacted] (s)

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION: [redacted]
IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION: [redacted]

DATE: 8 July 1966
OFFICIAL TITLE OF SUPERVISOR: Ops Officer
TYPED OR PRINTED NAME AND SIGNATURE: [redacted] (s)

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur in the above.

DATE: 8 July 1966
OFFICIAL TITLE OF REVIEWING OFFICIAL: Chief of IB
TYPED OR PRINTED NAME AND SIGNATURE: [redacted] (s)

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER	
SECTION A: GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD
6. OFFICIAL POSITION TITLE Ops Officer		7. ASSIGNMENT DDP/CSA	8. CURRENT STATION Saigon		
9. CHECK (X) TYPE OF APPOINTMENT			10. CHECK (X) TYPE OF REPORT		
<input checked="" type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER PROVISIONAL (See instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			<input checked="" type="checkbox"/> INITIAL REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):		
11. DATE REPORT DUE IN D.P. Feb 66			12. REPORTING PERIOD (From - to) 29 December 1964 to 31 Dec 1965		
SECTION B: PERFORMANCE EVALUATION					
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>					
SPECIFIC DUTIES					
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).					
SPECIFIC DUTY NO. 1 Officer in charge of liaison with the Municipal Police DES					RATING LETTER P
SPECIFIC DUTY NO. 2 Officer in charge of liaison					RATING LETTER S
SPECIFIC DUTY NO. 3 Officer in liaison with operational components of Headquarters, Special Branch					RATING LETTER P
SPECIFIC DUTY NO. 4 Handles all the correspondence, files and associated memoranda connected with the tasks cited above.					RATING LETTER P
SPECIFIC DUTY NO. 5					RATING LETTER
SPECIFIC DUTY NO. 6					RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION					
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.					RATING LETTER P

SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

OFFICE OF PERSONNEL
FEB 15 10 43 AM '66

During the reporting period this officer was given different assignments due to a reorganization within the branch. During the past two months he has been solely responsible for liaison with [redacted] and has developed this into a very worthwhile activity. In addition to this effort he has been personally responsible for [redacted] of both short and long range interest. He has handled an area of extreme sensitivity which called for unremitting attention to detail. He accomplished this assignment in an outstanding manner. This officer is rated on the overall as proficient.

SECTION D

CERTIFICATION AND COMMENTS

1.

BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT.

DATE

SIGNATURE OF EMPLOYEE

1 Feb 66

/s/ [redacted]

2.

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

1 Feb 66

Ops Officer

/s/ [redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

I concur with the above.

DATE

OFFICIAL TITLE OF REVIEWING OFFICIAL

TYPED OR PRINTED NAME AND SIGNATURE

1 Feb 66

Ops Officer

/s/ [redacted]

SECRET

SECRET
(When Filled In)

TRAINING REPORT - LANGUAGE				COURSE TITLE			
				French Inter. - EW - Ph I			
INSTRUCTOR				PROGRAM			
				Daytime - Part-time			
NO. OF STUDENTS		NO. OF HOURS		DATE OF COURSE			
1		60		05/04/64 - 07/20/64			
STUDENT							
NAME		DOB	DOB DATE	OFFICE		GS	SD
		28	06/55	FE		12	D
<i>(See reverse side for definitions of proficiency levels)</i>							
LEVEL OF PROFICIENCY AT ENTRY INTO TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
LEVEL OF PROFICIENCY		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING			X			
	WRITING			X			
	PRONUNCIATION			X			
	SPEAKING		X				
	UNDERSTANDING		X				
LANGUAGE TRAINING OBJECTIVES AND METHODS							
<p>The general aims of language training are attainment of proficiency in speaking, understanding, reading and writing. The specific objectives are: (1) ability to produce and distinguish the sounds of the language; (2) ability to use a stock of basic sentences and expressions; (3) ability to recombine the elements of basic sentences and expressions and to apply them to new situations; (4) ability to comprehend the language spoken at normal speed in various situations; (5) ability to write and read the language commensurate with ability to speak.</p> <p>Methods used in all courses stress oral drills and free conversation based at first on memorized material and, at a later stage, on varied reading materials. Written and oral tests are given at intervals. Listening to and recording on tapes in the Language Lab is essential for class preparation.</p>							
PERFORMANCE EVALUATION							
	UNSATISFACTORY		SATISFACTORY			EXCELLENT	
ACHIEVEMENT			X				
ATTITUDE			X				
ATTENDANCE			X				
LEVEL OF PROFICIENCY AT COMPLETION OF TRAINING				<input checked="" type="checkbox"/> INSTRUCTORS ESTIMATE		OFFICIAL TEST	
LEVEL OF PROFICIENCY		NO PROFICIENCY	SLIGHT	ELEMENTARY	INTERMEDIATE	HIGH	
	READING				X		
	WRITING			X			
	PRONUNCIATION			X			
	SPEAKING			X			
	UNDERSTANDING			X			
<p>Foreign Language Aptitude Test: 6</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div>							
FOR THE DIRECTOR OF TRAINING:						25 Mar 64 DATE	

SECRET

TRAINING REPORT

ACHIEVEMENT RECORD

This is a certificate of attendance. Adjectival ratings are not given in this course.

FOR THE DIRECTOR OF TRAINING:

[Signature]

Chief Instructor

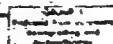
22 April 1964
Date

Group I.
Excluded from automatic
downgrading and
declassification.

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER		
SECTION A GENERAL						
1. NAME (Last) (First) (Initial)			2. DATE OF BIRTH	3. SEA	4. GRADE	5. SO
				M	GS-12	D
6. OFFICIAL POSITION TITLE			7. OFF/DIVISION OF ASSIGNMENT		8. CURRENT STATION	
Ops Officer			DDP/EE/		Headquarters	
9. CHECK IN TYPE OF APPOINTMENT				10. CHECK IN REPORT		
<input type="checkbox"/> CAREER	<input type="checkbox"/> RESERVE	<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT SUPERVISOR		
<input type="checkbox"/> CAREER-PROVISIONAL (See instructions - Section C)			<input checked="" type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT EMPLOYEE		
<input type="checkbox"/> SPECIAL (Specify)			<input type="checkbox"/> SPECIAL (Specify)			
11. DATE REPORT DUE IN O.P.			12. REPORT PERIOD (From - to)			
January 1964			April - 31 January 1964			
SECTION B PERFORMANCE EVALUATION						
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>						
SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
SPECIFIC DUTY NO. 1						RATING LETTER
Assembles available information on North Vietnam, and its diplomatic establishments abroad.						S
SPECIFIC DUTY NO. 2						RATING LETTER
Acts as [] officer for Vietnam Desk.						P
SPECIFIC DUTY NO. 3						RATING LETTER
Aids in giving operational support to denied areas ops program run by Saigon Station.						P
SPECIFIC DUTY NO. 4						RATING LETTER
Prepares periodic reports on progress of denied area ops program.						S
SPECIFIC DUTY NO. 5						RATING LETTER
SPECIFIC DUTY NO. 6						RATING LETTER
OVERALL PERFORMANCE IN CURRENT POSITION						RATING LETTER
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						P
17 MAR 1964						



SECRET
(When Filled In)

FITNESS REPORT

FILED SERIAL NUMBER
Reg 017774

SECTION A

GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX M	4. GRADE GS-12	5. SD IR
6. OFFICIAL POSITION TITLE ID			7. OFF. DIV. OR ASSIGNMENT DDP/FE		8. CURR. ASSIGNMENT	
9. CHECK (X) TYPE OF APPOINTMENT CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CAREER PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):			10. CHECK (X) TYPE OF REPORT INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input type="checkbox"/> ANNUAL <input checked="" type="checkbox"/> REASSIGNMENT EMPLOYEE <input checked="" type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.			12. REPORTING PERIOD (From - To) 1 Jan 62 - 23 September 1962			

SECTION B

PERFORMANCE EVALUATION

- W - Weak:** Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.
- A - Adequate:** Performance meets all requirements; it is entirely satisfactory and is characterized neither by deficiency nor excellence.
- P - Proficient:** Performance is more than satisfactory. Desired results are being produced in a proficient manner.
- S - Strong:** Performance is characterized by exceptional proficiency.
- O - Outstanding:** Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.

SPECIFIC DUTIES

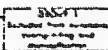
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).

SP		RATING LETTER S
SP		RATING LETTER S
SP		RATING LETTER S
SP		RATING LETTER A
SP		RATING LETTER A
SP		RATING LETTER P

Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.

RATING LETTER
P+

21 APR 1962



SECRET

(When Filled In)

NARRATIVE COMMENTS

SECTION C

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

Subject during his tour of duty at this station demonstrated a thorough knowledge of the [redacted] program and was sincere and competent in performing his duties. The establishment of the joint center [redacted] was a creditable achievement which should make an important contribution to the program in the years to come. He was cooperative and willing to undertake additional duties when requested. He has done an outstanding job in the training of both ODYOKE and [redacted]

The reporting officer feels that Subject has a tendency to procrastinate and that on a few occasions he did not follow through on his commitments as aggressively as he might have. This, however, was the only weakness noticed in an otherwise competent performance.

CERTIFICATION AND COMMENTS

SECTION D

BY EMPLOYEE

1.

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE

7/27/62

SIGNATURE OF

[redacted]

BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION

15 MONTHS

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION. *FR above*
HAS ALREADY DEPARTED TO NZA POST *4/27/62*

DATE

19 Oct 1962

OFFICIAL TITLE OF SUPERVISOR

TYPED OR PRINTED NAME AND SIGNATURE

[redacted]

3.

BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Correct.

DATE

22 Oct 1962

OFFICIAL TITLE OF REVIEWING OFFICIAL

D. C. C. S.

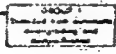
TYPED OR PRINTED NAME AND SIGNATURE

[redacted]

SECRET

SECRET
(When Filled In)

FITNESS REPORT				EMPLOYEE SERIAL NUMBER			
SECTION A GENERAL							
1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH	3. SEX	4. GRADE	5. SD	
				M	GS-12	D	
6. OFFICER POSITION TITLE			7. OFF/DIV/DR OF ASSIGNMENT		8. CURRENT STATION		
Ops Officer			ODD/FE		Headquarters		
9. CHECK (X) TYPE OF APPOINTMENT				10. CHECK (X) TYPE OF REPORT			
<input type="checkbox"/> CAREER <input type="checkbox"/> RESERVE <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> CAREER-PROVISIONAL (See Instructions - Section C) <input type="checkbox"/> SPECIAL (Specify):				<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> REASSIGNMENT SUPERVISOR <input checked="" type="checkbox"/> ANNUAL <input type="checkbox"/> REASSIGNMENT EMPLOYEE <input type="checkbox"/> SPECIAL (Specify):			
11. DATE REPORT DUE IN O.P.				12. REPORTING PERIOD (From - to)			
January 1964				April - 31 January 1964			
SECTION B PERFORMANCE EVALUATION							
<p>W - Weak Performance ranges from wholly inadequate to slightly less than satisfactory. A rating in this category requires positive remedial action. The nature of the action could range from counseling, to further training, to placing on probation, to reassignment or to separation. Describe action taken or proposed in Section C.</p> <p>A - Adequate Performance meets all requirements. It is entirely satisfactory and is characterized neither by deficiency nor excellence.</p> <p>P - Proficient Performance is more than satisfactory. Desired results are being produced in a proficient manner.</p> <p>S - Strong Performance is characterized by exceptional proficiency.</p> <p>O - Outstanding Performance is so exceptional in relation to requirements of the work and in comparison to the performance of others doing similar work as to warrant special recognition.</p>							
SPECIFIC DUTIES							
List up to six of the most important specific duties performed during the rating period. Insert rating letter which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).							
SPECIFIC DUTY NO. 1						RATING LETTER	
Assembles available information on North Vietnam, and its diplomatic establishments abroad.						S	
SPECIFIC DUTY NO. 2						RATING LETTER	
Acts as [] officer for Vietnam Desk.						P	
SPECIFIC DUTY NO. 3						RATING LETTER	
Aids in giving operational support to denied areas ops program run by Saigon Station.						P	
SPECIFIC DUTY NO. 4						RATING LETTER	
Prepares periodic reports on progress of denied area ops program.						S	
SPECIFIC DUTY NO. 5						RATING LETTER	
SPECIFIC DUTY NO. 6						RATING LETTER	
OVERALL PERFORMANCE IN CURRENT POSITION							
Take into account everything about the employee which influences his effectiveness in his current position such as performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, and particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the letter in the rating box corresponding to the statement which most accurately reflects his level of performance.						RATING LETTER	
						P	



SECRET

(When Filled In)

SECTION C

NARRATIVE COMMENTS

Indicate significant strengths or weaknesses demonstrated in current position keeping in proper perspective their relationship to overall performance. State suggestions made for improvement of work performance. Give recommendations for training. Comment on foreign language competence, if required for current position. Amplify or explain ratings given in Section B to provide basis for determining future personnel action. Manner of performance of managerial or supervisory duties must be described, if applicable.

During the period covered by this report, [redacted] has for the first time been assigned as an operations officer in the DD/P, having transferred from the DD/I in April 1963. [redacted] has made this transition very well, and has adjusted himself to the operating tempo and atmosphere of a busy desk. He is now a competent and flexible case officer, making a valuable contribution to his desk and branch. For the past month, he has served very capably as acting chief of the North Vietnam element of the desk, during the absence of another officer.

[redacted] was quick to recognize the difference between his present assignment and those previous to it. This difference has required some changes on his part, in terms of emphasis and flexibility. [redacted] has graciously accepted guidance given him during this period, and has developed into an efficient DD/P officer.

[redacted] assignment involves partial supervision of two junior officers. He directs these officers effectively, and in a natural manner, giving promise of considerable supervisory capability which future assignments can develop.

Following some additional time on the desk, during which time it is expected that [redacted] will assume more responsibility for the North Vietnam program, it is planned to send him to the field, as his performance on the desk would indicate that he is fully capable of an operational field assignment.

[redacted] supervisory duties have not been directly related to fiscal matters.

However, he has revealed a normal degree of cost consciousness in those budgetary matters with which he has come in contact.

SECTION D

CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I CERTIFY THAT I HAVE SEEN SECTIONS A, B, AND C OF THIS REPORT

DATE 18 February 1964

SIG [redacted]

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION. 10

IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

DATE 18 February 1964

OFFICIAL TITLE OF SUPERVISOR Chief, FE [redacted]

TYPED OR PRINTED NAME AND SIGNATURE [redacted]

3. BY REVIEWING OFFICIAL

COMMENTS OF REVIEWING OFFICIAL

Concur in supervisor's comments. I have observed this officer since early May 1963 and I believe he has developed steadily in the operations field, a field new to him. After another six to nine months on the desk, he should be ready for his first ops assignment abroad, hopefully in Saigon working on the North Vietnam program. He is showing the earmarks of a well-rounded, thoughtful case officer and we should not delay too long in getting him to the field in a real operational situation.

DATE 9 March 1964

OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, FE/ [redacted]

TYPED OR PRINTED NAME AND SIGNATURE [redacted]

SECRET

MF-27

SECRET
(When Filled In)

FITNESS REPORT	EMPLOYEE SERIAL NUMBER []
-----------------------	-------------------------------

SECTION A GENERAL			
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH	3. SER. NO. N
4. GRADE USB 6-12		7. OFF/OH/BR OF ASSIGNMENT	
5. SERVICE DESIGNATION IR		8. OFFICIAL POSITION TITLE IO	
9. CAREER STAFF STATUS		10. TYPE OF REPORT	
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL
PENDING	DECLINED	DENIED	<input checked="" type="checkbox"/> ANNUAL
		REASSIGNMENT/SUPERVISOR	
		REASSIGNMENT/EMPLOYEE	
11. REPORTING PERIOD		12. SPECIAL (Specify)	
From 15 Apr 61 to 31 Dec 61			

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION			
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.			
<ul style="list-style-type: none"> 1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding. 	<table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td style="text-align: center;">RATING NO.</td></tr> <tr><td style="text-align: center; font-size: 24px;">5</td></tr> </table>	RATING NO.	5
RATING NO.			
5			

SECTION D DESCRIPTION OF THE EMPLOYEE					
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.					
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree	
CHARACTERISTICS			NOT APPLICABLE	NOT OBSERVED	RATING
					1 2 3 4 5
GETS THINGS DONE					X
RESOURCEFUL					X
ACCEPTS RESPONSIBILITIES					X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES					X
DOES HIS JOB WITHOUT STRONG SUPPORT					X
FACILITATES SMOOTH OPERATION OF HIS OFFICE					X
WRITES EFFECTIVELY					X
SECURITY CONSCIOUS					X
THINKS CLEARLY					X
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS					X
OTHER (Specify):					

SEE SECTION "E" ON REVERSE SIDE

SECRET

OFFICE

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

State strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for assignment and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

This officer continues to perform his duties in a highly efficient manner, showing diligence and initiative. He has successfully coordinated the activities of the ODYKE intelligence community in the [redacted] field, and has succeeded in keeping this an active and rewarding program. He has been cooperative at all times, and has willingly assumed additional duties, particularly in assisting the Branch Chief in handling [redacted] problems and requirements. He has established good working relationships with the ODYKE agencies in the field, and has twice during this period received letters of appreciation from other agencies for the high calibre of training which he has conducted. No specific weaknesses have been noted, and no special training is recommended at this time.

02 PM '62

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE

I certify that I have seen Sections A, B, C, D and E of this Report.

DATE 31 December 61	SIGNATURE OF EMPLOYEE [redacted] (Signed)
------------------------	--

2. BY SUPERVISOR

MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION 7	IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION
--	---

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS OTHER (Specify)	REPORT MADE WITHIN LAST 90 DAYS
--	---------------------------------

DATE 31 December 61	OFFICIAL TITLE OF SUPERVISOR	TYPED OR PRINTED NAME AND SIGNATURE [redacted] (Signed)
------------------------	------------------------------	--

3. BY REVIEWING OFFICIAL

<input checked="" type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
<input type="checkbox"/> I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
<input type="checkbox"/> I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE 31 Dec. 61	OFFICIAL TITLE OF REVIEWING OFFICIAL	TYPED OR PRINTED NAME AND SIGNATURE [redacted] (Signed)
--------------------	--------------------------------------	--

SECRET

SECRET

Continuation of Section B:

Specific Duty No. 3

collection techniques [redacted]

Specific Duty No. 4

KUDCVS elements, particularly [redacted]

SECRET

SECRET
(When Filled In)

[Handwritten Signature]

FITNESS REPORT	EMPLOYER SERIAL NUMBER <i>[Blank]</i>
----------------	--

SECTION A GENERAL					
1. NAME (Last) (First) (Middle)		2. DATE OF BIRTH		3. SEX Male	4. GRADE GS-11
5. SERVICE DESIGNATION IR			6. OFFICIAL POSITION/TITLE 10		7. OFF/DIV/GR OF ASSIGNMENT
8. CAREER STAFF STATUS			9. TYPE OF REPORT		
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR	
PENDING	DECLINED	PERIOD	<input checked="" type="checkbox"/> ANNUAL	REASSIGNMENT/EMPLOYEE	
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD From Sept. 59 To Apr. 61		SPECIAL (Specify)	

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES						
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (Indicate number of employees supervised).						
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent	5 - Excellent	6 - Superior	7 - Outstanding
<div style="border: 1px solid black; min-height: 100px;"></div>						

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION								
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.								
1 - Performance in many important respects falls to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.						<table border="1" style="width: 50px; height: 50px; margin: auto;"> <tr><td style="text-align: center; font-size: 0.7em;">RATING NO.</td></tr> <tr><td style="text-align: center; font-size: 1.5em;">5</td></tr> </table>	RATING NO.	5
RATING NO.								
5								

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee.									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPL. CABLE	NOT OBSERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE									X
RESOURCEFUL									X
ACCEPTS RESPONSIBILITIES									X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES									X
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY								X	
SOCIALLY CONSCIOUS							X		
THINKS CLEARLY								X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS							X		
OTHER (Specify)									

SEE SECTION 02 ON REVERSE SIDE

Continuation of Section B:

Specific Duty No. 3

collection techniques

Specific Duty No. 4

KUDOV elements,

Continuation of Section E:

and experience in the broader, analytical aspects of the KUCHAP area, including language and area studies.

Continuation of Section F-3:

normal administrative responsibilities.

SECRET
(When Filled In)

WAL

FITNESS REPORT

SECTION A GENERAL

1. NAME (Last) (First) (Middle)			2. DATE OF BIRTH		3. SEX	4. GRADE
5. SERVICE DESIGNATION			6. OFFICIAL POSITION TITLE		7. OFF/DIV/BR OF ASSIGNMENT	
8. CAREER STAFF STATUS				9. TYPE OF REPORT		
NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	DEFERRED	INITIAL	REASSIGNMENT/SUPERVISOR		
PENDING	DECLINED	DENIED	ANNUAL	REASSIGNMENT/EMPLOYEE		
10. DATE REPORT DUE IN O.P.		11. REPORTING PERIOD		SPECIAL (Specify)		
		From 4 Sept 59 To 30 Sept 60		Promotion		

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES

List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employee supervised).

- 1 - Unsatisfactory 2 - Barely adequate 3 - Acceptable 4 - Competent 5 - Excellent 6 - Superior 7 - Outstanding

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION

Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.

- 1 - Performance in many important respects fails to meet requirements.
- 2 - Performance meets most requirements but is deficient in one or more important respects.
- 3 - Performance clearly meets basic requirements.
- 4 - Performance clearly exceeds basic requirements.
- 5 - Performance in every important respect is superior.
- 6 - Performance in every respect is outstanding.

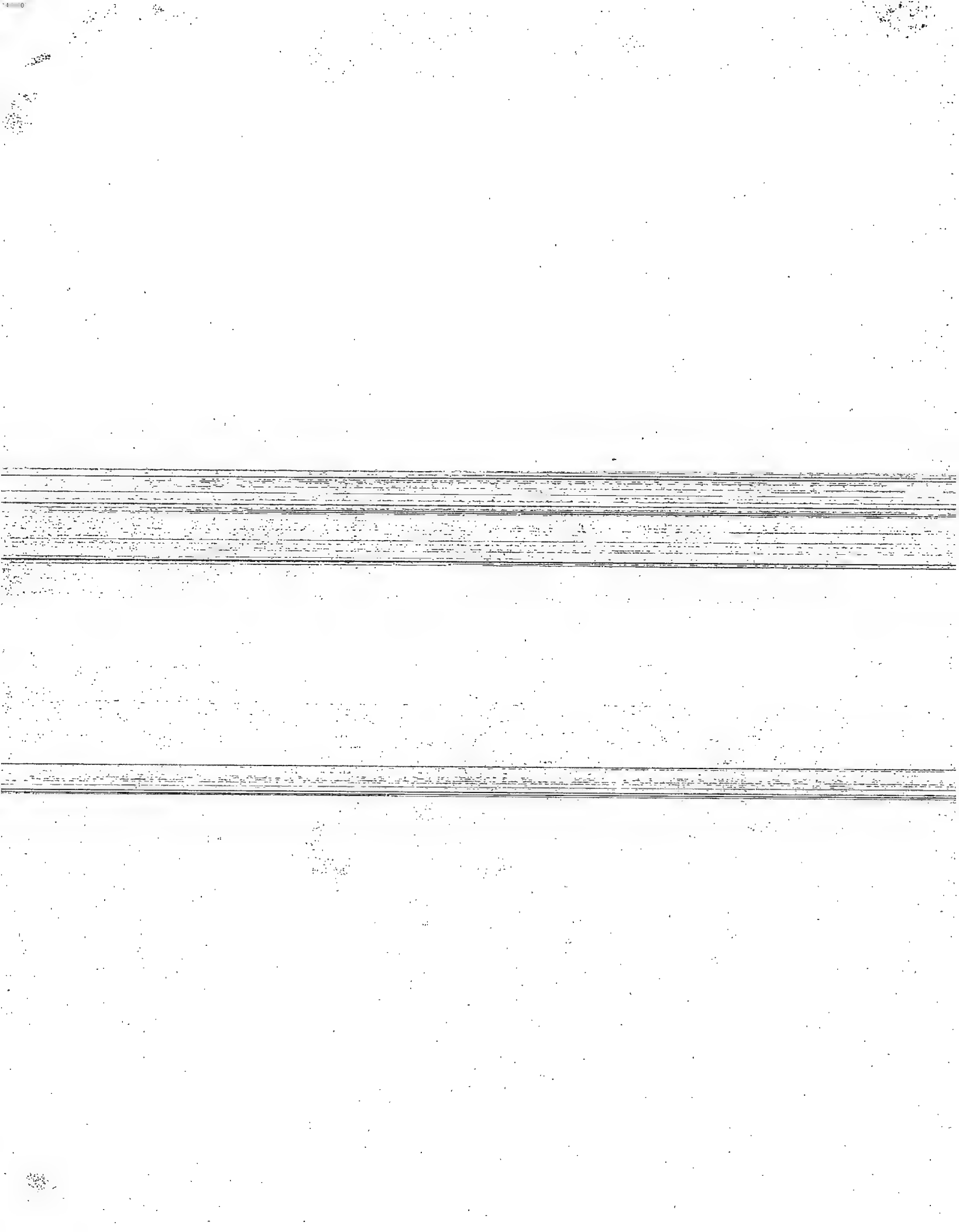
RATING NO.
5

SECTION D DESCRIPTION OF THE EMPLOYEE

In the rating boxes below, check (X) the degree to which each characteristic applies to this employee

1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree							
CHARACTERISTICS					RATING						
					NOT APPLICABLE	NOT OBSERVED	1	2	3	4	5
GETS THINGS DONE											X
RESOURCEFUL											X
ACCEPTS RESPONSIBILITIES											X
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES											X
DOES HIS JOB WITHOUT STRONG SUPPORT										X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE										X	
WRITES EFFECTIVELY								X			
SECURITY CONSCIOUS								X			
THINKS CLEARLY										X	
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X			
OTHER (Specify):											

SEE SECTION "E" ON REVERSE SIDE



Continuation of Section E:

In recognition of subject officer's outstanding performance to date and in view of the considerable responsibilities incident to the post of representative in this area, I recommend that subject officer be promoted to the grade of GS-12 as soon as possible.

SECRET 24 AUG 1959
 (When Filled In) *M. J. ...*

24-1-59

FITNESS REPORT

EMPLOYEE SERIAL NUMBER

SECTION A GENERAL			
1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX: Male	4. GRADE: GS-11
5. SERVICE DESIGNATION: IR	6. OFFICIAL POSITION-TITLE: IO	7. OFF/DIV/GR OF ASSIGNMENT: ORR-	
8. CAREER STAFF STATUS		9. TYPE OF REPORT	
<input type="checkbox"/> NOT ELIGIBLE	<input checked="" type="checkbox"/> MEMBER	<input type="checkbox"/> DEFERRED	<input type="checkbox"/> INITIAL
<input type="checkbox"/> PENDING	<input type="checkbox"/> DECLINED	<input type="checkbox"/> DENIED	<input checked="" type="checkbox"/> ANNUAL
10. DATE REPORT DUE IN O.P.: 31 Oct 1959		11. REPORTING PERIOD: 15 Mar 58 - 30 Sep 1959	
SPECIAL (Specify):			

SECTION B EVALUATION OF PERFORMANCE OF SPECIFIC DUTIES			
List up to six of the most important specific duties performed during the rating period. Insert rating number which best describes the manner in which employee performs EACH specific duty. Consider ONLY effectiveness in performance of that duty. All employees with supervisory responsibilities MUST be rated on their ability to supervise (indicate number of employees supervised).			
1 - Unsatisfactory	2 - Barely adequate	3 - Acceptable	4 - Competent
5 - Excellent	6 - Superior	7 - Outstanding	
SPECIFIC DUTY NO. 1 Prepares written reports on results of analysis.	RATING NO. 3	SPECIFIC DUTY NO. 4 Directs and participates in field exploitation.	RATING NO. 4
SPECIFIC DUTY NO. 2 Derives significant intelligence from factory markings data.	RATING NO. 4	SPECIFIC DUTY NO. 5 Organizes raw data into analytic file.	RATING NO. 5
SPECIFIC DUTY NO. 3 Supervises junior analyst.	RATING NO. 4	SPECIFIC DUTY NO. 6	RATING NO.

SECTION C EVALUATION OF OVERALL PERFORMANCE IN CURRENT POSITION	
Take into account everything about the employee which influences his effectiveness in his current position - performance of specific duties, productivity, conduct on job, cooperativeness, pertinent personal traits or habits, particular limitations or talents. Based on your knowledge of employee's overall performance during the rating period, place the rating number in the box corresponding to the statement which most accurately reflects his level of performance.	
1 - Performance in many important respects fails to meet requirements. 2 - Performance meets most requirements but is deficient in one or more important respects. 3 - Performance clearly meets basic requirements. 4 - Performance clearly exceeds basic requirements. 5 - Performance in every important respect is superior. 6 - Performance in every respect is outstanding.	RATING NO. <div style="border: 1px solid black; padding: 5px; width: 40px; margin: 0 auto;">3</div>

SECTION D DESCRIPTION OF THE EMPLOYEE									
In the rating boxes below, check (X) the degree to which each characteristic applies to the employee									
1 - Least possible degree	2 - Limited degree	3 - Normal degree	4 - Above average degree	5 - Outstanding degree					
CHARACTERISTICS			NOT APPLI- CABLE	NOT OB- SERVED	RATING				
					1	2	3	4	5
GETS THINGS DONE							X		
RESOURCEFUL								X	
ACCEPTS RESPONSIBILITIES							X		
CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES								X	
DOES HIS JOB WITHOUT STRONG SUPPORT								X	
FACILITATES SMOOTH OPERATION OF HIS OFFICE								X	
WRITES EFFECTIVELY						X			
SECURITY CONSCIOUS								X	
THINKS CLEARLY							X		
DISCIPLINE IN ORIGINATING, MAINTAINING AND DISPOSING OF RECORDS								X	
OTHER (Specify):									

SEE SECTION "E" ON REVERSE SIDE

SECRET
(When Filled In)

SECTION E NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

Stress strengths and weaknesses demonstrated in current position. Indicate suggestions made to employee for improvement of his work. Give recommendations for his training. Describe, if appropriate, his potential for development and for assuming greater responsibilities. Amplify or explain, if appropriate, ratings given in SECTIONS B, C, and D to provide the best basis for determining future personnel actions.

[] is a steady, conscientious worker, and has consistently displayed initiative and thoroughness in his research assignments. His main weakness is in organizing and presenting the results of his work. This weakness is also apparent in his oral presentation of argumentation. [] frequently "talks around a point" instead of "hitting the point". This weakness has influenced the rating given under Section D - "thinks clearly", and limits his effectiveness as a supervisor. It is hoped that [] will overcome this weakness in his forthcoming assignment overseas.

MAIL ROOM
AUG 19 4 56 PM '59
OFFICE OF PERSONNEL

SECTION F CERTIFICATION AND COMMENTS

1. BY EMPLOYEE
I certify that I have seen Sections A, B, C, D and E of this Report.

DATE SIGNATURE OF EMPLOYEE

2. BY SUPERVISOR
MONTHS EMPLOYEE HAS BEEN UNDER MY SUPERVISION IF THIS REPORT HAS NOT BEEN SHOWN TO EMPLOYEE, GIVE EXPLANATION

42

Departed on PCS overseas.

IF REPORT IS NOT BEING MADE AT THIS TIME, GIVE REASON.

EMPLOYEE UNDER MY SUPERVISION LESS THAN 90 DAYS

REPORT MADE WITHIN LAST 90 DAYS

OTHER (Specify):

DATE OFFICIAL TITLE OF SUPERVISOR AND SIGNATURE
13 August 1959 Chief, FM/EA

3. BY REVIEWING OFFICIAL
 I WOULD HAVE GIVEN THIS EMPLOYEE ABOUT THE SAME EVALUATION.
 I WOULD HAVE GIVEN THIS EMPLOYEE A HIGHER EVALUATION.
 I WOULD HAVE GIVEN THIS EMPLOYEE A LOWER EVALUATION.
 I CANNOT JUDGE THESE EVALUATIONS. I AM NOT SUFFICIENTLY FAMILIAR WITH THE EMPLOYEE'S PERFORMANCE.

COMMENTS OF REVIEWING OFFICIAL

DATE OFFICIAL TITLE OF REVIEWING OFFICIAL TYPED OR PRINTED NAME AND SIGNATURE
13 August 1959 Chief, St/FM

SECRET

S-E-C-R-E-T

REPORT OF TRAINING

Operations Familiarization Course No. 17

I. IDENTIFYING INFORMATION

Name: Sex: Male
Date of Birth: Grade or Rank: O9-11
EOD Date: 15 June 1959 Office: ORR
Dates of Course: 6 Apr - 15 May 59 No. of Students: 25
Projected Assignment or Present Position:
(from Request for Internal Training)

II. DESCRIPTION OF COURSE

The Operations Familiarization Course is a six-week course designed primarily for Clandestine Services non-case officer personnel and for non-Clandestine Services officers whose responsibilities in support of operations require adequate familiarization with case officer functions and with the programs and operations of the Clandestine Services.

III. REPORT OF STUDENT ACHIEVEMENT

To satisfactorily complete the Operations Familiarization Course the student must demonstrate in a series of seminars and in a limited number of written assignments that he has acquired an adequate understanding of the fundamentals of clandestine operations. Testing mechanisms are minimal and do not permit an extensive evaluation of individual performance.

satisfactorily completed Operations Familiarization Course No. 17.

FOR THE DIRECTOR OF TRAINING:

Chief Instructor, OFC

Chief, Field Training

S-E-C-R-E-T

(When filled in)

COURSE EVALUATION

SPANISH BASIC COURSE (REPORTED COURSE) II (PART-TIME)

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
	Male	5 Jan - 13 March 1959	9
DATE OF BIRTH	END DATE	GRADE OR MARK	OFFICE
	15 June 1955	CS-11	OSU
PROPOSED ASSIGNMENT OR PRESENT LOCATION			
Analytic position in ST/FM			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held 2 hours per day, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of ten-minute tests during the progress of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- A. Ability to produce and distinguish all the sounds of the language.
- B. Ability to use adequately a stock of correct Spanish sentences and expressions.
- C. Ability to analyze sentences and expressions into their components.
- D. Ability to comprehend speech-speed spoken Spanish in a wide variety of non-technical situations.
- E. Ability to read and write informal Spanish using a limited number of vocabulary and structural items.

SECTION IV: EVALUATION RATINGS

The following is an explanation of the five terms of evaluation employed below:

1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.

S-E-C-R-E-T
(When filled in)

S-P-0-7-1
(When filled in)

3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
4. The student showed a high degree of competence in meeting the objectives.
5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION V: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that rating in terms of the above objectives. The asterisk (*) represents the rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A			2*	1	
Objective B			2*	1	
Objective C			2*	1	
Objective D			2*	1	
Objective E			2*	1	

This class as a whole is rated as:

Above average _____ Average **X** _____ Below than average _____

SECTION VI: COMMENTS

[] performed fairly unevenly in this course. As a rule his preparations were more thorough during the first five weeks of the course.

FOR THE DIRECTOR OF TRAINING

[] *181*
Signature of Instructor

S-P-0-7-2
(When filled in)

SECTION I: GENERAL INFORMATION

NAME	SEX	DATE OF BIRTH	NO. OF STUDENTS
[REDACTED]	Male	13 Oct 58-19 Dec 58	6
DATE OF BIRTH	PERIOD	CLASS	ORG
[REDACTED]	15 June 1955	CS-11	ORG
IN CONTACT AS DIRECTOR OR PRINCIPAL INSTRUCTOR			
Analyst			

SECTION II: SPECIFIC CHARACTERISTICS OF THE COURSE

This course lasts 10 weeks. The classes are held on Monday, Wednesday, and Friday, 5 days a week. Students are required to do a minimum of 10 hours per week of drill in the language laboratory outside of class hours. The instructor is able to meet at any time by appointment with each student individually. Students are given at least two major tests and a number of assignments during the period of the course.

SECTION III: OBJECTIVES

The general aim of this course is to provide a thorough grounding for the student who has previously had either a reading course in the language or an insufficient introduction to the language. It serves as a basis for further advancement either by independent learning in the area or by further study.

The specific objectives are:

- Objective A. Ability to produce and distinguish all the sounds of the language.
- Objective B. Ability to use accurately a bank of correct Spanish sentences and expressions.
- Objective C. Ability to analyze sentences and expressions into their components.
- Objective D. Ability to do a short composition of known Spanish in a wide variety of appropriate situations.
- Objective E. Ability to read in Spanish with understanding a limited number of original and authentic texts.

SECTION IV: EVALUATION SYSTEM

Prepared by
 Date: 11/10/58

UNIVERSITY OF CALIFORNIA - BERKELEY

The following is an explanation of the five terms of evaluation employed below:

- Rating 1. The student failed to satisfy minimum requirements, and his grasp of the material is too inadequate to be functional.
- Rating 2. The student satisfied only the minimum requirements of the objectives. His grasp is barely functional.
- Rating 3. The student met the objectives in a creditable manner, revealing a good grasp of essentials.
- Rating 4. The student showed a high degree of competence in meeting the objectives.
- Rating 5. The student demonstrated exceptional ability or proficiency in meeting the objectives. His accomplishment was one attained by a very small number of students.

SECTION VI: ACHIEVEMENT RATINGS

The number in each cell represents the number of students receiving that Rating in terms of the above objectives. The asterisk (*) represents the Rating this student achieved.

Course Objectives	Rating 1	Rating 2	Rating 3	Rating 4	Rating 5
Objective A		1	2	2*	1
Objective B			3*	3	
Objective C			4*	2	
Objective D			3*	3	
Objective E			3	3*	

This class as a whole is rated as:

Above average _____ Average X _____ Below than average _____

SECTION VII: COMMENTS

Since reading skills are stressed during the latter part of the 50-week course series, the rating for Objective E is based on a limited amount of information.

FOR THE DIRECTOR OF STUDENTS:

/s/

[Redacted Signature]

Signature of Head Instructor

DATE: _____
(When filled in)

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee, except under conditions specified in Regulation 30-370. It is recommended that you read the entire form before completing any question. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in item 8, of Section A below.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SEX M F	4. SERVICE DESIGNATION IS
5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT OPB		6. OFFICIAL POSITION TITLE Identification Specialist	
7. GRADE 11	8. DATE REPORT DUE IN OP 29 March 58	9. PERIOD COVERED BY THIS REPORT (Exclusive dates) 15 March 57 - 15 March 58	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT - SUPERVISOR	SPECIAL (Specify)
	ANNUAL	REASSIGNMENT - EMPLOYEE	

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT:
Individual on TDY Overseas

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	12. INDIVIDUAL IS RATED "I" IN CI OR D. A WARNING LETTER HAS BEEN SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	
<input checked="" type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.	11. I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW I EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify):

B. THIS DATE 2 April 1958	C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	D. SUPERVISOR'S OFFICIAL TITLE Branch Chief/EA
------------------------------	--	---

2. FOR THE REVIEWING OFFICER: WOULD A SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY *MA* DATE 10 APR 1958
 Posted For Control
 Reviewed by PUD *4/14/58*

CONTINUED ON ATTACHED SHEET

I certify that any substantial difference of opinion with the supervisor is reflected in the above section:

A. THIS DATE 2 April 58	B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, SA/OPRR
----------------------------	--	---

SECTION C. JOB PERFORMANCE EVALUATION

1. OPINION ON GENERAL PERFORMANCE OF DUTIES

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE; ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES																	
<p>DIRECTIONS:</p> <p>a. State in the spaces below up to six of the more important SPECIFIC duties performed during the <u>Office of Air</u> period. Place the most important first. Do not include minor or unimportant duties.</p> <p>b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.</p> <p>c. For supervisors, ability to supervise will always be rated as a specific duty. Do not rate as supervisors those who supervise a secretary only.</p> <p>d. Compare in your mind, when possible, the individual being rated with others performing a similar level of responsibility.</p> <p>e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.</p> <p>f. Be specific. Examples of the kind of duties that might be rated are:</p> <table style="width:100%; border: none;"> <tr> <td style="width: 33%; border: none;"> ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING </td> <td style="width: 33%; border: none;"> HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE </td> <td style="width: 33%; border: none;"> CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA </td> </tr> </table> <p>g. For some jobs, duties may be broken down even further if supervisor considers it advisable. e.g., combined key and phone operation, in the case of a radio operator.</p>				ORAL BRIEFING GIVING LECTURES CONDUCTING SEMINARS WRITING TECHNICAL REPORTS CONDUCTING EXTERNAL LIAISON TYPING TAKING DICTATION SUPERVISING	HAS AND USES AREA KNOWLEDGE DEVELOPS NEW PROGRAMS ANALYZES INDUSTRIAL REPORTS MANAGES FILES OPERATES RADIO COORDINATES WITH OTHER OFFICES WRITES REGULATIONS PREPARES CORRESPONDENCE	CONDUCTS INTERROGATIONS PREPARES SUMMARIES TRANSLATES GERMAN DEBRIEFING SOURCES KEEPS BOOKS DRIVES TRUCK MAINTAINS AIR CONDITIONING EVALUATES SIGNIFICANCE OF DATA											
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5. PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB																	
SPECIFIC DUTY NO. 1	RATING NUMBER	SPECIFIC DUTY NO. 2	RATING NUMBER														
Organizes raw data into analytic file	5	Directs field exploitation	4														
SPECIFIC DUTY NO. 2	RATING NUMBER	SPECIFIC DUTY NO. 3	RATING NUMBER														
Derives significant intelligence from data	5	Supervises junior analysts	4														
SPECIFIC DUTY NO. 3	RATING NUMBER	SPECIFIC DUTY NO. 4	RATING NUMBER														
Prepares reports on conclusions	3																
<p>3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE.</p> <p>DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.</p> <p> is a steady, conscientious, cooperative worker. He is very thorough in his approach to research assignments and has displayed initiative in these assignments. He does not require close supervision. His main weakness is in organizing and presenting the results of his research.</p>																	
<p>SECTION D: SUITABILITY FOR CURRENT JOB IN ORGANIZATION</p> <p>DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.</p> <table style="width:100%; border: none;"> <tr> <td style="width: 10%; border: none;">1</td> <td style="width: 90%; border: none;">DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED</td> </tr> <tr> <td style="border: none;">2</td> <td style="border: none;">OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I NOW KNOW</td> </tr> <tr> <td style="border: none;">3</td> <td style="border: none;">A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION</td> </tr> <tr> <td style="border: none;">4</td> <td style="border: none;">OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION</td> </tr> <tr> <td style="border: none;">5</td> <td style="border: none;">A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS</td> </tr> <tr> <td style="border: none;">6</td> <td style="border: none;">AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION</td> </tr> <tr> <td style="border: none;">7</td> <td style="border: none;">EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION</td> </tr> </table> <p>IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. IF YES, EXPLAIN FULLY:</p>				1	DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED	2	OF DOUBTFUL SUITABILITY... WOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I NOW KNOW	3	A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION	4	OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION	5	A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS	6	AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION	7	EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION
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7	EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION																

SECRET

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision for AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the CF no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E: GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. SEX 4. SERVICE DESIGNATION

5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION TITLE

7. GRADE 8. DATE REPORT DUE IN OP 9. PERIOD COVERED BY THIS REPORT (Inclusive dates)

10. TYPE OF REPORT (Check one) INITIAL REASSIGNMENT-SUPERVISOR SPECIAL (Specify) ANNUAL REASSIGNMENT-EMPLOYEE

SECTION F: CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR C. SUPERVISOR'S OFFICIAL TITLE

2. FOR THE REVIEWING OFFICIAL: I HAVE REVIEWED THIS REPORT AND NOTED ANY DIFFERENCE OF OPINION IN ATTACHED MEMO.

A. THIS DATE B. TYPED OR PRINTED NAME AND SIGNATURE OF OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL

SECTION G: ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

DIRECTIONS: Considering others of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

1 - ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	DATE
2 - HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED	
3 - MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES	
4 - READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES	
5 - WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBILITIES BUT REQUIRES SOME TRAINING	
6 - ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL	
7 - AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES	

2. SUPERVISORY POTENTIAL

DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUIAIRE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on an opinion of his potential, note the rating in the "potential" column.

DESCRIPTIVE RATING NUMBER	0 - HAVE NO OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION	1 - BELIEVE INDIVIDUAL WOULD BE AT LEAST SUPERVISOR IN THIS KIND OF SITUATION	2 - BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION	3 - BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION
ACTUAL	POTENTIAL	DESCRIPTIVE SITUATION		
2		A GROUP USING THE BASIC JOB TECHNIQUES, stenographers, technicians or professional specialties of various kinds) WHOSE CONTACT WITH IMMEDIATE SUPERVISORS IS FREQUENT (First line supervisors)		
	2	A GROUP OF SUPERVISORS WHO OPERATE THE BASIC JOB (Second line supervisors)		
	3	A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHOSE RESPONSIBILITY FOR WORK PLANS, ORGANIZATION AND POLICY (Executive level)		
	2	WHOSE CONTACT WITH IMMEDIATE SUPERVISORS IS NOT FREQUENT		
	3	WHOSE IMMEDIATE SUPERVISORS ARE OFFICIALS WHO NEED FREQUENT COORDINATION		
	2	WHOSE IMMEDIATE SUPERVISORS INCLUDE MEMBERS OF THE STAFF OR SENIORS		
		Other (Specify)		

SECRET

OFFICE OF PERSONNEL

(When Filled In)

3. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE NAMED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
30 APR 9 4 31 PM '58

4. COMMENTS CONCERNING POTENTIAL
His knowledge of basic social science analytic processes and maturity of judgment give him potential of a reasonably broad scope. MAIL ROOM readiness in organizing and presenting his findings will be a limiting factor in the immediate future.

SECTION II. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
Writing courses and additional on-the-job training, to include overseas TDY on operational assignments.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

- 4 - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL
- 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
- 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
- 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
- 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
- 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
3	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	13. HAS HIGH STANDARDS OF ACCOMPLISHMENT	3	21. IS EFFECTIVE IN DISCUSSIONS WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEEDED	4	14. SHOWS ORIGINALITY	3	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
4	3. HAS INITIATIVE	4	15. ACCEPTS RESPONSIBILITY	3	23. IS THOUGHTFUL OF OTHERS
4	4. IS ANALYTIC IN HIS THOUGHTS	3	16. ADMITS HIS ERRORS	4	24. CARRIES WELL UNDER PRESSURE
4	5. DISCLOSES CONSTANTLY FOR HER RECOMMENDATIONS	4	17. ASSUMES WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
3	6. SHOWS URGE TO SEEK ASSISTANCE	3	18. ENJOYS HIS JOB WITHOUT STRONG SUPPORT	3	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	19. COMES UP WITH SOLUTIONS TO PROBLEMS	4	27. IS CREATIVE
4	8. HAS MEMORY FOR FACTS	4	20. IS OBSERVANT	4	28. HAS CRITICISM TO CONSTRUCTIVE
4	9. IS A THING DOER	4	21. THINKS CLEARLY	4	29. FACILITATES OTHERS' WORK FROM HIS OFFICE
4	10. CAN Cope WITH EMERGENCIES	4	22. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS	4	30. DOES NOT RESIGNAL STRESS AND EFFORT UNDER SUPERVISOR

SECRET

BASIC PHOTOGRAPHY No. 1

NAME DIVISION BR. EA DATES TRAINED: from 29 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat	Fair	Good	Excellent	Superior
I Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, portra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casing.						
a. Coverage						
b. Report						
VII Surveillance.						
a. Coverage						
b. Report						
VIII Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

met the course objectives and completed all of the course assignments for the two weeks he attended with average results.

Encountering some difficulty at the outset, was overcome many of his problems to be checked out in one early course assignment, but other assignments as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/ND

Instructor

SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report. FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials.

SECTION A. GENERAL

1. NAME (Last) (First) (Middle) 2. DATE OF BIRTH 3. D. SER M IR 4. SERVICE DESIGNATION 5. OFFICE/DIVISION/BRANCH OF ASSIGNMENT 6. OFFICIAL POSITION, TITLE 7. GRADE 8. DATE REPORT DUE IN OF 9. PERIOD COVERED BY THIS REPORT 10. TYPE OF REPORT

SECTION B. CERTIFICATION

1. FOR THE RATER: THIS REPORT WAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY NOT.

A. CHECK (X) APPROPRIATE STATEMENTS:

XX THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL. THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS. I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES SO THAT HE KNOWS WHERE HE STANDS.

B. THIS DATE 28 March 57 C. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR D. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief

2. FOR THE REVIEWING OFFICIAL: RECORD ANY SUBSTANTIAL DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION, WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

BY DATE 22 APR 22 1957 54

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE 28 March 57 B. TYPED OR PRINTED OFFICIAL C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief, D/T/AN

SECTION C. JOB PERFORMANCE EVALUATION

1. RATING ON GENERAL PERFORMANCE OF DUTIES:

DIRECTIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility.

- 1. DOES NOT PERFORM DUTIES ADEQUATELY. HE IS INCOMPETENT. 2. BARELY ADEQUATE IN PERFORMANCE. ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING, HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES. 3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY, OCCASIONALLY REVEALS SOME AREA OF WEARINESS. 4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER. 5. A FINE PERFORMANCE, CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL. 6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

SECRET

(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this specific duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervised a secretary only).
- d. Compare in your mind, when possible, the individual being rated with others performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate them on different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONDUCTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES SUMMARIES
CONDUCTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further, if supervisor considers it advisable, e.g., combined key and phone operation, in the case of a radio operator.

<p>DESCRIPTIVE RATING NUMBER</p> <p>1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY</p> <p>2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY</p> <p>3 - PERFORMS THIS DUTY ACCEPTABLY</p> <p>4 - PERFORMS THIS DUTY IN A COMPETENT MANNER</p> <p>5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB</p>	<p>6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS</p> <p>7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY</p>
---	---

<p>SPECIFIC DUTY NO. 1</p> <p>Organizes raw data into analytic file.</p>	<p>RATING NUMBER</p> <p align="center">6</p>	<p>SPECIFIC DUTY NO. 4</p> <p>Devises codes for mechanical processing of raw data.</p>	<p>RATING NUMBER</p> <p align="center">5</p>
<p>SPECIFIC DUTY NO. 2</p> <p>Derives significant intelligence from data.</p>	<p>RATING NUMBER</p> <p align="center">5</p>	<p>SPECIFIC DUTY NO. 5</p> <p>Participates in field exploitation</p>	<p>RATING NUMBER</p> <p align="center">5</p>
<p>SPECIFIC DUTY NO. 3</p> <p>Drafts reports on conclusions.</p>	<p>RATING NUMBER</p> <p align="center">4</p>	<p>SPECIFIC DUTY NO. 6</p>	<p>RATING NUMBER</p>

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS: Stress strengths and weaknesses, particularly those which affect development on present job.

[] is an energetic, competent worker. He has demonstrated the ability to handle research problems and to present his findings in writing. [] organizes his work so that he requires a minimum of supervision. He has worked as an excellent team member and his suggestions have been constructive.

SECTION C. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity; conduct in the job; pertinent personal characteristics; habits; special defects or talents... and how he fits in with your team. Compare him with others doing similar work at about the same level.

1 - DEFINITELY UNSUITABLE... HE SHOULD BE SEPARATED

2 - OF DOUBTFUL SUITABILITY... SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW

3 - A BARELY ACCEPTABLE EMPLOYEE... BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION

4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION

5 - A FINE EMPLOYEE... HAS SOME OUTSTANDING STRENGTHS

6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION

7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? YES NO. IF "YES," EXPLAIN FULLY.

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the IS no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL

1. NAME (Last) (First) (Middle)	2. DATE OF BIRTH	3. SER. H.	4. SERVICE DESIGNATION IR
5. OFFICE/SUBDIVISION/BRANCH OF ASSIGNMENT ORR/Techniques & Methods/Analysis & Reports		6. OFFICIAL POSITION TITLE Ident. Specialist	
7. GRADE GS-9	8. DATE REPORT DUE IN: OF 25 March 1957	9. PERIOD COVERED BY THIS REPORT (Include dates) 15 March 1956 - 15 March 1957	
10. TYPE OF REPORT (Check one)	INITIAL	REASSIGNMENT SUPERVISOR	Special (Specify)
	<input checked="" type="checkbox"/> Annual	<input type="checkbox"/> Periodic	<input type="checkbox"/> Other

SECTION F. CERTIFICATION

1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGMENT OF THE INDIVIDUAL BEING RATED

A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR	C. SUPERVISOR'S OFFICIAL TITLE Acting Branch Chief
A. THIS DATE 28 March 57	B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING	C. OFFICIAL TITLE OF REVIEWING OFFICIAL Chief J.D.T.

SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES

1. APPROX. ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED

2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED

3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES

4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES

5. WILL PROBABLY ADJUST HIMSELF TO MORE RESPONSIBILITIES WITHOUT FURTHER TRAINING

6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL

7. AN EXPERIMENTAL PERIOD AND IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

RATING NUMBER: 6

DATE: 26 1957

2. SUPERVISORY POTENTIAL

DIRECTION: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES, indicate below your opinion of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by circling the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

DISCRIMINATING RATING NUMBER	DESCRIPTION OF SITUATION
1	1 - BELIEVE INDIVIDUAL SHOULD BE A SENIOR SUPERVISOR IN THIS KIND OF SITUATION
2	2 - BELIEVE INDIVIDUAL SHOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
3	3 - BELIEVE INDIVIDUAL SHOULD BE A JUNIOR SUPERVISOR IN THIS SITUATION

ACTUAL POTENTIAL

ACTUAL	POTENTIAL	DISCRIMINATING SITUATION
2	2	1 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	2 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	3 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	4 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	5 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	6 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	7 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	8 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	9 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)
2	2	10 - GROUP OF SUPERVISORS WHO CONTACT THE PUBLIC AND (Second line supervisors)

SECRET
(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED EMPLOYEE HAS BEEN UNDER YOUR SUPERVISION
 18

2. COMMENTS CONCERNING POTENTIAL
 A fine junior officer who will certainly continue upward in [] analytic competence and responsibility to have the personal flexibility and breadth to develop into a competent senior intelligence officer of reasonably broad scope.

APR 15 9:00 AM '57
MAIL ROOM

SECTION III: FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
 [] development program will continue to be in increasing his capabilities in [] analysis and exploitation. A training course in supervision will be considered.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENTS

SECTION I: DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply to each degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE, CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFECTIVE IN SIGNIFYING WITH ASSOCIATES
4	2. CAN MAKE DECISIONS ON HIS OWN WHEN NEED ARISES	4	12. SHOWS ORIGINALITY	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	2	24. HOLDS WELL UNDER PRESSURE
4	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND IDEAS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGEMENT
4	6. KNOWS WHEN TO SEEK ASSISTANCE	5	16. DOES HIS JOB WITHOUT STANDING SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MEMORY FOR FACTS	4	18. IS OBEYANT	2	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. GETS THINGS DONE	4	19. THINKS CLEARLY	4	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
	10. CAN cope WITH EMERGENCIES	5	20. COMPLETES ASSIGNMENTS WITHIN ALLOWABLE TIME LIMITS		30. DOES NOT REQUIRE A PLOT AND CONTINUOUS SUPERVISION

21
SECRET

(When Filled In)

FITNESS REPORT (Part I) PERFORMANCE

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.
FOR THE SUPERVISOR: This report is designed to help you express your evaluation of your subordinate and to transmit this evaluation to your supervisor and senior officials. Organization policy requires that you inform the subordinate where he stands with you. Completion of the report can help you prepare for a discussion with him of his strengths and weaknesses. It is also organization policy that you show Part I of this report to the employee except under conditions specified in Regulation 20-370. It is recommended that you read the entire form before completing any section. If this is the initial report on the employee, it must be completed and forwarded to the Office of Personnel no later than 30 days after the date indicated in Item A. of Section "A" below.

SECTION A.

GENERAL

1. NAME [Redacted] (Middle)	2. DATE OF BIRTH [Redacted]	3. SEX M	4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT ORR, Techniques & Methods Div., Analysis & Reports Br.			
6. OFFICIAL POSITION TITLE Identification Specialist			
7. GRADE GS-7	8. DATE REPORT DUE IN OF 6 April 1956	9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956	
10. TYPE OF REPORT (Check one)	<input checked="" type="checkbox"/> INITIAL	<input type="checkbox"/> REASSIGNMENT-SUPERVISOR	<input type="checkbox"/> SPECIAL (Specify)
	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> REASSIGNMENT-EMPLOYEE	

SECTION B.

CERTIFICATION

1. FOR THE RATER: THIS REPORT HAS HAS NOT BEEN SHOWN TO THE INDIVIDUAL RATED. IF NOT SHOWN, EXPLAIN WHY.
NOT

A. CHECK (X) APPROPRIATE STATEMENTS:

<input checked="" type="checkbox"/> THIS REPORT REFLECTS MY OWN OPINIONS OF THIS INDIVIDUAL.	<input type="checkbox"/> IF INDIVIDUAL IS RATED "I" IN C1 OR D & BARRING LETTER HAS SENT TO HIM & A COPY ATTACHED TO THIS REPORT.
<input type="checkbox"/> THIS REPORT REFLECTS THE COMBINED OPINIONS OF MYSELF AND PREVIOUS SUPERVISORS.	<input type="checkbox"/> I CANNOT CERTIFY THAT THE RATED INDIVIDUAL KNOWS HOW TO EVALUATE HIS JOB PERFORMANCE BECAUSE (Specify)
<input type="checkbox"/> I HAVE DISCUSSED WITH THIS EMPLOYEE HIS STRENGTHS AND WEAKNESSES TO THAT HE KNOWS WHERE HE STANDS.	

B. THIS DATE

9 April 1956

C. TYPED OR PRINTED NAME AND TITLE

[Redacted] SUPERVISOR'S OFFICIAL TITLE
S/EE, T/AR

2. FOR THE REVIEWING OFFICIAL

STATE THE DIFFERENCE OF OPINION WITH THE SUPERVISOR, OR ANY OTHER INFORMATION WHICH WILL LEAD TO A BETTER UNDERSTANDING OF THIS REPORT.

No difference of opinion. Concur in evaluation of [Redacted] as one of the better young men I've seen.

BY: [Redacted] DATE: 20 APR 1956
Reviewed by PUD: [Redacted] 4-25

I certify that any substantial difference of opinion with the supervisor is reflected in the above section.

A. THIS DATE

9 April 56

B. TYPED OR PRINTED NAME AND OFFICIAL TITLE

[Redacted]

C. OFFICIAL TITLE OF REVIEWING OFFICIAL

C/EE, T/P

SECTION C.

1. RATING ON GENERAL PERFORMANCE OF DUTIES

DEFINITIONS: Consider ONLY the productivity and effectiveness with which the individual being rated has performed his duties during the rating period. Compare him ONLY with others doing similar work at a similar level of responsibility. Factors other than productivity will be taken into account later in Section D.

5
INSERT RATING NUMBER

1. DOES NOT PERFORM DUTIES ADEQUATELY; HE IS INCOMPETENT.
2. BARELY ADEQUATE IN PERFORMANCE, ALTHOUGH HE HAS HAD SPECIFIC GUIDANCE OR TRAINING. HE OFTEN FAILS TO CARRY OUT RESPONSIBILITIES.
3. PERFORMS MOST OF HIS DUTIES ACCEPTABLY; OCCASIONALLY REVEALS SOME AREA OF WEAKNESS.
4. PERFORMS DUTIES IN A COMPETENT, EFFECTIVE MANNER.
5. A FINE PERFORMANCE; CARRIES OUT MANY OF HIS RESPONSIBILITIES EXCEPTIONALLY WELL.
6. PERFORMS HIS DUTIES IN SUCH AN OUTSTANDING MANNER THAT HE IS EQUALLED BY FEW OTHER PERSONS KNOWN TO THE SUPERVISOR.

COMMENTS:

1. Employment should be continued beyond the probationary period.
2. [Redacted] performance on the job was substantially superior to indications from the EUC evaluation.

FORM NO. 45 (Part I)
1 NOV 55

REPLACES PREVIOUS EDITIONS OF FORMS 45 AND 45A WHICH ARE OBSOLETE.

SECRET

Performance

SECRET
(When Filled In)

2. RATINGS ON PERFORMANCE OF SPECIFIC DUTIES

DIRECTIONS:

- a. State in the spaces below up to six of the more important SPECIFIC duties performed during this rating period. Place the most important first. Do not include minor or unimportant duties.
- b. Rate performance on each specific duty considering ONLY effectiveness in performance of this SPECIFIC duty.
- c. For supervisors, ability to supervise will always be rated as a specific duty (do not rate as supervisors those who supervise a secretary only).
- d. Compare in your mind, when possible, the individual being rated with other persons performing the same duty at a similar level of responsibility.
- e. Two individuals with the same job title may be performing different duties. If so, rate the different duties.
- f. Be specific. Examples of the kind of duties that might be rated are:

ORAL BRIEFING	HAS AND USES AREA KNOWLEDGE	CONTACTS INTERROGATIONS
GIVING LECTURES	DEVELOPS NEW PROGRAMS	PREPARES BUDGETS
CONTACTING SEMINARS	ANALYZES INDUSTRIAL REPORTS	TRANSLATES GERMAN
WRITING TECHNICAL REPORTS	MANAGES FILES	DEBRIEFING SOURCES
CONDUCTING EXTERNAL LIAISON	OPERATES RADIO	KEEPS BOOKS
TYPING	COORDINATES WITH OTHER OFFICES	DRIVES TRUCK
TAKING DICTATION	WRITES REGULATIONS	MAINTAINS AIR CONDITIONING
SUPERVISING	PREPARES CORRESPONDENCE	EVALUATES SIGNIFICANCE OF DATA
- g. For some jobs, duties may be broken down even further if supervisor considers it advisable: e.g. combined key and phone operation, in the case of a radio operator.

- | | |
|--|--|
| <p>DESCRIPTIVE RATING NUMBER</p> <ul style="list-style-type: none"> 1 - INCOMPETENT IN THE PERFORMANCE OF THIS DUTY 2 - BARELY ADEQUATE IN THE PERFORMANCE OF THIS DUTY 3 - PERFORMS THIS DUTY ACCEPTABLY 4 - PERFORMS THIS DUTY IN A COMPETENT MANNER 5 - PERFORMS THIS DUTY IN SUCH A FINE MANNER THAT HE IS A DISTINCT ASSET ON HIS JOB | <ul style="list-style-type: none"> 6 - PERFORMS THIS DUTY IN AN OUTSTANDING MANNER FOUND IN VERY FEW INDIVIDUALS HOLDING SIMILAR JOBS 7 - EXCELS ANYONE I KNOW IN THE PERFORMANCE OF THIS DUTY |
|--|--|

SPECIFIC DUTY NO. 1 Organize raw data into analytic file	RATING NUMBER 6	SPECIFIC DUTY NO. 4 Participate in field exploitation	RATING NUMBER 4
SPECIFIC DUTY NO. 2 Derive significant intelligence from data	RATING NUMBER 6	SPECIFIC DUTY NO. 5	RATING NUMBER
SPECIFIC DUTY NO. 3 Draft reports on conclusions	RATING NUMBER 5	SPECIFIC DUTY NO. 6	RATING NUMBER

3. NARRATIVE DESCRIPTION OF MANNER OF JOB PERFORMANCE

DIRECTIONS:

Stress strengths and weaknesses, particularly those which affect development on present job.

_____ has been an energetic and steady worker, quick to grasp instructions, and able to proceed without close supervision. He has made specific contributions toward simpler and more precise analytic methods, and has consistently worked as an excellent team member.

SECTION D. SUITABILITY FOR CURRENT JOB IN ORGANIZATION

DIRECTIONS: Take into account here everything you know about the individual... productivity, conduct in the job, pertinent personal characteristics or habits, special defects or talents... and how he fits in with your team. Compare him with others doing similar work of about the same level.

- 1 - DEFINITELY UNSUITABLE - HE SHOULD BE SEPARATED
- 2 - OF DOUBTFUL SUITABILITY - SHOULD NOT HAVE ACCEPTED HIM IF I HAD KNOWN WHAT I KNOW NOW
- 3 - A BARELY ACCEPTABLE EMPLOYEE - BELOW AVERAGE BUT WITH NO WEAKNESSES SUFFICIENTLY OUTSTANDING TO WARRANT HIS SEPARATION
- 4 - OF THE SAME SUITABILITY AS MOST PEOPLE I KNOW IN THE ORGANIZATION
- 5 - A FINE EMPLOYEE - HAS SOME OUTSTANDING STRENGTHS
- 6 - AN UNUSUALLY STRONG PERSON IN TERMS OF THE REQUIREMENTS OF THE ORGANIZATION
- 7 - EXCELLED BY ONLY A FEW IN SUITABILITY FOR WORK IN THE ORGANIZATION

IS THIS INDIVIDUAL BETTER SUITED FOR WORK IN SOME OTHER POSITION IN THE ORGANIZATION? NO YES

EXPLAIN FULLY:

SECRET

(When Filled In)

FITNESS REPORT (Part II) POTENTIAL

INSTRUCTIONS

FOR THE ADMINISTRATIVE OFFICER: Consult current instructions for completing this report.

FOR THE SUPERVISOR: This report is a privileged communication to your supervisor, and to appropriate career management and personnel officials concerning the potential of the employee being rated. It is NOT to be shown to the rated employee. It is recommended that you read the entire report before completing any question. This report is to be completed only after the employee has been under your supervision FOR AT LEAST 90 DAYS. If less than 90 days, hold and complete after the 90 days has elapsed. If this is the INITIAL REPORT on the employee, however, it MUST be completed and forwarded to the OI no later than 30 days after the due date indicated in item 8 of Section "E" below.

SECTION E. GENERAL
1. NAME (Last) (First) (Middle)
2. DATE OF BIRTH
3. SER Y
4. SERVICE DESIGNATION SD/IR
5. OFFICE/DIVISION BRANCH OF ASSIGNMENT
6. OFFICIAL POSITION TITLE
OIR, Techniques and Methods Div., Analysis & Reports Br., Identification Specialist
7. GRADE GS-7
8. DATE REPORT DUE IN OP 6 April 1956
9. PERIOD COVERED BY THIS REPORT (Inclusive dates) 15 June 1955 - 15 March 1956
10. TYPE OF REPORT (Check one) X INITIAL REASSIGNMENT SUPERVISOR SPECIAL (Specify) REASSIGNMENT EMPLOYEE

SECTION F. CERTIFICATION
1. FOR THE RATER: I CERTIFY THAT THIS REPORT REPRESENTS MY BEST JUDGEMENT OF THE INDIVIDUAL BEING RATED.
A. THIS DATE 9 April 1956
B. TYPED OR PRINTED NAME AND SIGNATURE OF SUPERVISOR
C. SUPERVISOR'S OFFICIAL TITLE
2. FOR THE REVIEWING OFFICER: I HAVE REVIEWED THIS REPORT AND I HEREBY STATE MY DIFFERENCE OF OPINION IN ATTACHED MEMO.
A. THIS DATE 9 Apr 56
B. TYPED OR PRINTED NAME AND SIGNATURE OF REVIEWING OFFICER
C. OFFICIAL TITLE OF REVIEWING OFFICER
CHIEF, D/T

SECTION G. ESTIMATE OF POTENTIAL

1. POTENTIAL TO ASSUME GREATER RESPONSIBILITIES
DIRECTIONS: Considering other's of his grade and type of assignment, rate the employee's potential to assume greater responsibilities. Think in terms of the kind of responsibility encountered at the various levels in his kind of work.

- 1. ALREADY ABOVE THE LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
2. HAS REACHED THE HIGHEST LEVEL AT WHICH SATISFACTORY PERFORMANCE CAN BE EXPECTED
3. MAKING PROGRESS, BUT NEEDS MORE TIME BEFORE HE CAN BE TRAINED TO ASSUME GREATER RESPONSIBILITIES
4. READY FOR TRAINING IN ASSUMING GREATER RESPONSIBILITIES
5. WILL PROBABLY ADJUST QUICKLY TO MORE RESPONSIBLE DUTIES WITHOUT FURTHER TRAINING
6. ALREADY ASSUMING MORE RESPONSIBILITIES THAN EXPECTED AT HIS PRESENT LEVEL
7. AN EXCEPTIONAL PERSON WHO IS ONE OF THE FEW WHO SHOULD BE CONSIDERED FOR EARLY ASSUMPTION OF HIGHER LEVEL RESPONSIBILITIES

2. SUPERVISORY POTENTIAL
DIRECTIONS: Answer this question: Has this person the ability to be a supervisor? Yes No If your answer is YES, indicate below your opinion or guess of the level of supervisory ability this person will reach AFTER SUITABLE TRAINING. Indicate your opinion by placing the number of the descriptive rating below which comes closest to expressing your opinion in the appropriate column. If your rating is based on observing him supervise, note your rating in the "actual" column. If based on opinion of his potential, note the rating in the "potential" column.

- DESCRIPTIVE RATING NUMBER
1. HAVE AN OPINION ON HIS SUPERVISORY POTENTIAL IN THIS SITUATION
2. BELIEVE INDIVIDUAL WOULD BE A WEAK SUPERVISOR IN THIS KIND OF SITUATION
3. BELIEVE INDIVIDUAL WOULD BE AN AVERAGE SUPERVISOR IN THIS KIND OF SITUATION
4. BELIEVE INDIVIDUAL WOULD BE A STRONG SUPERVISOR IN THIS SITUATION

Table with columns: ACTUAL, POTENTIAL, DESCRIPTIVE SITUATION. Row 1: ACTUAL 3, POTENTIAL 3, SITUATION: A GROUP DOING THE BASIC JOB (truck drivers, stenographers, technicians or professional specialists of various kinds) whose contact with immediate subordinates is frequent (First line supervisor). Row 2: ACTUAL 3, POTENTIAL 2, SITUATION: A GROUP OF SUPERVISORS WHO DIRECT THE BASIC JOB (Second line supervisors). Row 3: ACTUAL 3, POTENTIAL 0, SITUATION: A GROUP WHO MAY OR MAY NOT BE SUPERVISORS, WHICH IS RESPONSIBLE FOR MAJOR PLANS, ORGANIZATION, AND POLICY (Executive level). Row 4: ACTUAL 3, POTENTIAL 2, SITUATION: WHEN CONTACT WITH IMMEDIATE SUBORDINATES IS NOT FREQUENT. Row 5: ACTUAL 3, POTENTIAL 2, SITUATION: WHEN IMMEDIATE SUBORDINATE ACTIVITIES ARE DIVERSE AND NEED CAREFUL COORDINATION. Row 6: ACTUAL 3, POTENTIAL 2, SITUATION: WHEN IMMEDIATE SUBORDINATES INCLUDE MEMBERS OF THE OPPOSITE SEX. OTHER (Specify)

SECRET

(When Filled In)

1. INDICATE THE APPROXIMATE NUMBER OF MONTHS THE RATED SUBJECT HAS BEEN UNDER YOUR SUPERVISION
SIX

2. COMMENTS CONCERNING POTENTIAL
 A fine junior officer who will certainly progress rapidly upward in [redacted] analytic competence and responsibility. He apparently has the personal flexibility and breadth to develop into a competent officer of reasonably broad scope.

OFFICE OF TELECOMMUNICATIONS
 AR 12-25 PM '56
 MAIL ROOM

SECTION III. FUTURE PLANS

1. TRAINING OR OTHER DEVELOPMENTAL EXPERIENCE PLANNED FOR THE INDIVIDUAL
 For the immediate future, [redacted] development program should be in terms of increasing his capabilities in specific terms of [redacted] and analysis.

2. NOTE OTHER FACTORS, INCLUDING PERSONAL CIRCUMSTANCES, TO BE TAKEN INTO ACCOUNT IN INDIVIDUAL'S FUTURE ASSIGNMENT

SECTION I. DESCRIPTION OF INDIVIDUAL

DIRECTIONS: This section is provided as an aid to describing the individual as you see him on the job. Interpret the words literally. On the page below are a series of statements that apply in some degree to most people. To the left of each statement is a box under the heading "category." Read each statement and insert in the box the category number which best tells how much the statement applies to the person covered by this report.

X - HAVE NOT OBSERVED THIS; HENCE CAN GIVE NO OPINION AS TO HOW THE DESCRIPTION APPLIES TO THE INDIVIDUAL

CATEGORY NUMBER
 1 - APPLIES TO THE INDIVIDUAL TO THE LEAST POSSIBLE DEGREE
 2 - APPLIES TO INDIVIDUAL TO A LIMITED DEGREE
 3 - APPLIES TO INDIVIDUAL TO AN AVERAGE DEGREE
 4 - APPLIES TO INDIVIDUAL TO AN ABOVE AVERAGE DEGREE
 5 - APPLIES TO INDIVIDUAL TO AN OUTSTANDING DEGREE

CATEGORY	STATEMENT	CATEGORY	STATEMENT	CATEGORY	STATEMENT
4	1. ABLE TO SEE ANOTHER'S POINT OF VIEW	4	11. HAS HIGH STANDARDS OF ACCOMPLISHMENT	4	21. IS EFFICIENT IN DEaling WITH ASSOCIATES
4	2. CAN MAKE DECISIONS OR GET ON WITH DIFFICULTY	4	12. SHOWS ORGANIZATION	4	22. IMPLEMENTS DECISIONS REGARDLESS OF OWN FEELINGS
5	3. HAS INITIATIVE	5	13. ACCEPTS RESPONSIBILITY	4	23. IS THOUGHTFUL OF OTHERS
5	4. IS ANALYTIC IN HIS THINKING	4	14. ADMITS HIS ERRORS	X	24. WORKS WELL UNDER PRESSURE
5	5. STRIVES CONSTANTLY FOR NEW KNOWLEDGE AND SKILLS	4	15. RESPONDS WELL TO SUPERVISION	4	25. DISPLAYS JUDGMENT
4	6. NEEDS ONLY TO HAVE ASSISTANCE	5	16. DOES HIS JOB WITHOUT STROG SUPPORT	4	26. IS SECURITY CONSCIOUS
4	7. CAN GET ALONG WITH PEOPLE	4	17. COMES UP WITH SOLUTIONS TO PROBLEMS	5	27. IS VERSATILE
4	8. HAS MINDY FOR FACTS	4	18. IS OBSERVANT	4	28. HIS CRITICISM IS CONSTRUCTIVE
5	9. DOES THINGS DONE	4	19. THINKS CLEARLY	5	29. FACILITATES SMOOTH OPERATION OF HIS OFFICE
X	10. CAN cope WITH EMERGENCIES	2	20. COMPLETES ASSIGNMENTS WITHIN ALLOWED TIME LIMITS	4	30. DOES NOT ALLOW BE STRESS AND CONTINUOUS WORKING

SECRET

SECRET

TRAINING EVALUATION

INTEL. PRINCIPLES AND METHODS II.

8

SECTION I: IDENTIFYING INFORMATION

NAME	SEX	DATES OF COURSE	NO. OF STUDENTS
	M	26 Sept. - 21 Oct.	11
DATE OF BIRTH	END DATE	GRADE OR RANK	SERVICE
	15 June 1955	OS-7	OSR

PROJECTED ASSIGNMENT OR FUTURE POSITION

Identification Specialist

SECTION II: OBJECTIVES OF THE COURSE

1. To introduce students to the skills and methods involved in the processing of intelligence materials.
2. To provide practice in the oral and written presentation of intelligence data for a variety of purposes.

SECTION III: SPECIFIC CHARACTERISTICS OF THE COURSE

Intelligence Principles and Methods is a four weeks (100 hours) extension of Basic Orientation Course for personnel who are or will be engaged in the production of intelligence. Emphasis is on "learning by doing", through the medium of a series of integrated written exercises which require processing of actual intelligence documents. Exercise is also gained in the oral presentation of intelligence through a series of briefings before the class. Each student is assigned a special research problem for which approximately 40 hours are allotted in the course schedule. The results are presented to fellow-students and instructors in an oral briefing at the close of the course. The student also prepares an annotated bibliography, and writes a critical review of one of his chief sources.

SECTION IV: HOW THE STUDENTS ARE EVALUATED

Written exercises are graded independently by at least two members of the instructional staff on the basis of how well the student has fulfilled the requirements of selectivity, organization, accuracy to original, brevity and clarity of style. Grades for each type of written exercise are defined in Section V. Oral briefings are evaluated by both instructors and fellow students through the use of written critique sheets and oral observations following each presentation. A composite grade is given for the oral briefings. In the evaluation of the research problem the grade usually reflects intelligence focus, exploitation of sources, and general clarity of the written and oral presentation. The grades are defined as follows:

SUPERIOR: The student demonstrated outstanding ability in processing intelligence materials. He has a thorough knowledge of the material presented and is able to apply it to a variety of situations.

Section IV. How the Students are Evaluated (Contd.)

EXCELLENT: The student showed unusual competence, skill or ability in meeting this objective or goal; he demonstrated a thorough grasp of the presented material, or, if skills are involved, he demonstrated that he can perform in an extremely effective manner in this area.

SATISFACTORY: The student met this objective in a competent and adequate manner; he demonstrated a good understanding and grasp of the information presented, or, if skills are involved, he demonstrated sufficient competence to operate effectively in this area.

POOR: Although the student may have met some of the standards set for minimum achievement of this course goal or objective, he demonstrated serious gaps in knowledge or sufficient lack of skill to be of doubtful competence.

FAILURE: The student was unable to grasp the concepts of information presented, or demonstrated that he had not acquired the necessary information and skills to operate at even minimum capacity in this area.

SECTION V: REPORT OF STUDENT ACHIEVEMENT

Figures show grade distribution. The asterisk indicates grade this student received.

SUBJECT	FAIL	POOR	SAT	EXC	SUP
1. Exercise - Interview Reporting	0	0	6*	7	1
2. Exercise - Brief Daily Intell. Item	0	0	7	6*	1
3. Exercise - Periodical Intell. Item	0	0	5*	9	0
4. Critical Book Review	0	0	4	7*	3
5. Research Problem	0	0	6*	7	1
6. Skill in Oral Briefing	0	0	6*	8	0

SECTION VI: INSTRUCTORS OVER-ALL EVALUATION

In terms of all factors observed during the course and taking into account this student's experience in the Agency, grade, and general area of work, an "X" in one of the boxes shows the judgment of the instructional staff of his performance.

Fail	Poor	Minus	Satisfactory	Plus	Excellent	Superior
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

FOR THE DIRECTOR OF TRAINING:

JM

 Chief Instructor

W17-1 []

READING ANALYSIS PROGRAM

OBJECTIVE PROGRAM

1. To determine employee's proficiency level in scanning, extensive and intensive reading tasks.
2. To determine employee's degree of reading versatility. Versatility is defined as the ability to apply the several reading skills appropriately to various reading situations.
3. To ascertain the probable gain which would accrue from further training in reading skills.
4. To inform each employee concerning his relative reading proficiency in scanning, extensive and intensive reading and his versatility.

TEST DESCRIPTION

READING COMPREHENSION TEST: Measures speed and accuracy of basic comprehension skills. Complete and objective understanding, analysis, and interpretation are required in this test.

EXTENSIVE READING TEST: Measures the degree of proficiency in informational, or general reading.

INTENSIVE READING TEST: Measures reading proficiency in acquiring basic knowledge of new subjects.

SCANNING TESTS: Measure proficiency in the organization and location of specific information, main ideas, and questions.

ANALYSIS OF READING PERFORMANCE

	Poor	Fair	Ant.	Exo.	Sup.
1. Basic Comprehension Skills			X		
2. Extensive Techniques			X		
3. Intensive Techniques		X			
4. Scanning Techniques:					
Specific Information			X		
Main Ideas			X		
Questions			X	X	
Organization			X		
5. Versatility			X		

COMMENTS AND RECOMMENDATIONS:

[] scans for specifics quickly and accurately; he scans for main ideas satisfactorily, but could improve his use of that technique with practice. Poorer comprehension in intensive reading could be caused by lack of concentration or failure to organize information while reading. Extensive reading could be improved by adjusting rate to read selectively for pertinent information. The Reading Improvement Course would be of benefit in developing use of more diversified skills.

M. J. H.

FOR THE DIRECTOR OF TRAINING

[]
Chief Instructor

SECRET

TRAINING EVALUATION -- BASIC ORIENTATION					COURSE NO.	
					21	
SECTION I IDENTIFYING INFORMATION						
NAME		SEX		DATE OF COURSE		NO. OF STUDENTS
		<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		6 - 23 September 1955		120
DATE OF BIRTH		EOD DATE		GRADE OR RANK		OFFICE
		June 1955		GS-7		AFR
PROJECTED ASSIGNMENT OR PRESENT POSITION						
Identification Specialist						
SECTION II CHARACTERISTICS OF THE COURSE						
Material in this course is presented primarily by lecture and exhibit; several seminars and discussions are also held. The rating on Introduction to Intelligence is determined by the results of one multiple choice test, based on lecture material; the rating on Communism and the USSR is determined by one multiple choice test covering the lecture and readings.						
SECTION III OBJECTIVES						
A. The Basic Orientation Course is designed to provide the student with information in the following areas:						
1. <u>Introduction to Intelligence</u>						
a. Organization for national security, with emphasis on the intelligence community and the organization and mission of CIA as it fits into the whole national security effort. b. The principles and methods of intelligence, emphasizing the substantive components of CIA, considering the types of information, and the collecting, processing, and disseminating functions. c. An introduction to clandestine activity, with emphasis on the functions of the clandestine services.						
2. <u>Communism and the USSR</u>						
This deals with Marxist theory, the history of Socialism and Communism, Communist activities outside the USSR, history and geography of Russia, political structure of the USSR, Soviet foreign policy, and potentialities and vulnerabilities of the USSR.						
B. Throughout the three weeks of the course discussions and conferences deal with the American Thesis.						
SECTION IV STUDENT ACHIEVEMENT RATINGS						
The numbers placed in the columns below show how many students received each rating. An asterisk (*) shows the rating this student received.						
SUBJECT	HOURS	RATING				
		FAIL	POOR	SATISFACTORY	EXCELLENT	SUPERIOR
INTRODUCTION TO INTELLIGENCE	64	4	9	30	45*	32
COMMUNISM AND THE USSR	56	2	14	40*	37	29
SECTION V COMMENTS						
INDICATE ANY STRONG AND WEAK POINTS OF THE STUDENT, OR ANYTHING THAT MAY HAVE INFLUENCED HIS PERFORMANCE IN THE COURSE						
<div style="text-align: right;">CONTINUE COMMENTS ON REVERSE SIDE <input type="checkbox"/> OVER</div>						
FOR THE DIRECTOR OF TRAINING:				SIGNATURE OF OFFICE INSTRUCTOR		

SECRET

COVER CONTROL OF RETIREMENT PROCESSING										FILE	
TO: Retirement Operations Branch Office of Personnel										DATE	
RETIREE					CATEGORY OF EMPLOYMENT						
On the basis of a review of the records [] the following action is to be taken on processing retirement documentation for the person named above.											
TYPE RETIREMENT		CIVIL SERVICE			CIARDS		DATE				
COVER		OVERT ROUTINE		COVERT (OFFICIAL COVER) LOCK-UP		COVERT (NOC) SPECIAL		RETENTION OF AWARDS		YES	NO
CORRESPONDENCE				OVERT		COVERT		THRU CCS			
FINANCES											
ANNUITY PAYMENTS SHOULD BE					U.S. GOV'T. CHECK			OTHER (Payment instructions follow)			
TAX DOCUMENTATION SHOULD BE					CIA	CSC		OTHER (MEMO FOLLOWS)			
REQUEST TRANSFER OF FUNDS FROM CIVIL SERVICE COMMISSION					YES		NO		INTERNAL TRANSFER		
INSURANCE											
FEGLI		OVERT		COVERT		MAINTAIN RECORDS INTERNALLY ONLY					
TYPE OF HOSPITALIZATION CARD: []											
AUTHORIZATION TO CONVERT INSURANCE					YES		CONVERSION MUST BE APPROVED BY CCS				
RESERVE											
MEMBER OF CIVILIAN RESERVE					YES		NO		OVERT		COVERT
REMARKS											
CHIEF, COVER SUPPORT BRANCH COVER & COMMERCIAL STAFF											
THIS SECTION TO BE COMPLETED BY OFFICE OF SECURITY											
OTHER INSTRUCTIONS AS FOLLOWS:											
NO SECURITY OBJECTIONS TO ABOVE.											
CHIEF, EMPLOYEE ACTIVITY BRANCH, OFFICE OF SECURITY											

FORM 3429 12-72

SECRET

E-2 IMPDET CL. BY: 007622

(4-0-13)

7 - OFF. PERS. FILE ROOM

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES GROUP LIFE
INSURANCE PROGRAM**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

PLACE AN "X" IN THE APPROPRIATE BOX BELOW TO SHOW WHETHER YOU ARE:

AN EMPLOYEE RETIRED OR AN APPLICANT FOR RETIREMENT RECEIVING FEDERAL EMPLOYEES COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS

IF YOU ARE RETIRED OR RECEIVING FEDERAL EMPLOYEES COMPENSATION BENEFITS OR AN APPLICANT FOR SUCH BENEFITS, GIVE YOUR "CSA," "A," OR "X" NUMBER.

(CSA, CSA, A, or X number)

DEPARTMENT OR AGENCY IN WHICH PRESENTLY EMPLOYED (If retired, former department or agency):

(Department or agency) (Street) (Division) (Location—City, State, and ZIP Code)

If, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death, I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "f" on reverse side of duplicate copy).

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (SEE EXAMPLES OF DESIGNATIONS):

Type or print first name, middle initial, and last name of each beneficiary	Type or print address (including ZIP Code) of each beneficiary	Relationship	Share to be paid to each beneficiary
		Daughter	50%
		Son	50%

For each type of insurance (regular and optional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. (2) I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this designation at any time without knowledge or consent of the beneficiary.

(Date of execution—month, day, year)

(Signature of insured)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

Witness signature area

PRINT OR TYPE NAME AND ADDRESS (including ZIP Code), OF INSURED:

Name and address of insured

THIS SPACE RESERVED FOR RECEIVING AGENCY

JUL 9 10 00 AM '74

PERSONAL AFFAIRS

(Indicate date and by whom received)

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any insurance payable under that program at your death.

EXAMPLES OF DESIGNATIONS

1. How To DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
		Niece	All

2. How To DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
		Aunt	25%
		Nephew	25%
		Mother	50%

3. How To DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
		Father	All
		Sister	All

4. How To DESIGNATE DIFFERENT BENEFICIARIES FOR REGULAR AND OPTIONAL INSURANCE**

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
		Son	All Regular Insurance
		Niece	All Optional Insurance

5. How To CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (see back of duplicate)

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary (including ZIP Code)	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as Mr. E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.
 **Be sure that the shares to be paid to the contingent beneficiaries add up to 100 percent.
 ***Be sure that the shares to be paid to the contingent beneficiaries add up to 100 percent.
 ****Be sure that the shares to be paid to the contingent beneficiaries add up to 100 percent.

SECRET

**ELECTION, DECLINATION, OR WAIVER
OF LIFE INSURANCE COVERAGE**
FEDERAL EMPLOYEES GROUP LIFE INSURANCE PROGRAM

**IMPORTANT
AGENCY INSTRUCTIONS
ON BACK OF ORIGINAL**

TO COMPLETE THIS FORM—

- 1 FOLLOW THESE GENERAL INSTRUCTIONS:**
- Read the back of the "Duplicate," carefully before you fill in the form.
 - Fill in BOTH COPIES of the form. Type or use ink.
 - Do not detach any part.

2 FILL IN THE IDENTIFYING INFORMATION BELOW (please print or type):

NAME (Last)	(First)	(Middle)	DATE OF BIRTH (month, day, year)	SOCIAL SECURITY NUMBER*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYING DEPARTMENT OR AGENCY			LOCATION (City, State, ZIP Code)	
<input type="text"/>			<input type="text"/>	

3 MARK AN "X" IN ONE OF THE BOXES BELOW (do NOT mark more than one):

Mark here if you **WANT BOTH** optional and regular insurance

(A)

ELECTION OF OPTIONAL (IN ADDITION TO REGULAR) INSURANCE

I elect the \$10,000 additional optional insurance and authorize the required deductions from my salary, compensation, or annuity to pay the full cost of the optional insurance. This optional insurance is in addition to my regular insurance.

Mark here if you **DO NOT WANT** OPTIONAL but do want regular insurance

(B)

DECLINATION OF OPTIONAL (BUT NOT REGULAR) INSURANCE

I decline the \$10,000 additional optional insurance. I understand that I cannot elect optional insurance until at least 1 year after the effective date of this declination and unless at the time I apply for it I am under age 50 and present satisfactory medical evidence of insurability. I understand also that my regular insurance is not affected by this declination of additional optional insurance.

Mark here if you **WANT NEITHER** regular nor optional insurance

(C)

WAIVER OF LIFE INSURANCE COVERAGE

I desire not to be insured and I waive coverage under the Federal Employees Group Life Insurance Program. I understand that I cannot cancel this waiver and obtain regular insurance until at least 1 year after the effective date of this waiver and unless at the time I apply for insurance I am under age 50 and present satisfactory medical evidence of insurability. I understand also that I cannot now or later have the \$10,000 additional optional insurance unless I have the regular insurance.

4 SIGN AND DATE. IF YOU MARKED BOX "A" OR "C", COMPLETE THE "STATISTICAL STUB." THEN RETURN THE ENTIRE FORM TO YOUR EMPLOYING OFFICE.

SIGNATURE (do not print)

DATE

February 19, 1968

FOR EMPLOYING OFFICE USE ONLY

(official receiving date stamp)

OFFICE OF PERSONNEL
FEB 21 10 32 AM '68

See Table of Effective Dates on back of Original

ORIGINAL COPY—Retain in Official Personnel Folder

SECRET

STANDARD FORM No. 176-1
JANUARY 1964
(for use only until April 16, 1968)
176-101

S E C R E T

13 December 1973

Letter of Commendation

TO:

1. I heroby commend you for your performance in a sensitive Station operation which was completed on 3 and 4 December 1973. Your role ensuring the security of the operation was of the utmost importance. To your credit you remained alert and carried out your duties professionally, despite the initial frustrations and the long hours involved. In doing so you have contributed to the successful accomplishment of a priority objective of our organization.

2. A copy of this letter will be placed in your official personnel file.

Chief of Station

S E C R E T

CONFIDENTIAL
(When Filled In)

RESIDENCE AND DEPENDENCY REPORT

AN ORIGINAL OF THIS FORM WILL BE EXECUTED BY EACH EMPLOYEE AT THE TIME OF HIS APPOINTMENT AND WHEN A CHANGE OCCURS IN THE INFORMATION SHOWN BELOW. ITEMS OF CHANGE MAY BE REPORTED IN THE APPROPRIATE SECTIONS WITHOUT COMPLETING THE REMAINDER OF THE FORM EXCEPT THE EMPLOYEE'S SIGNATURE AND DATE. WHEN EXECUTING ITEM 4 ALSO COMPLY WITH HMB 20-7, PERSONNEL EMERGENCY AND LOCATOR RECORDS. THIS FORM WILL BE COMPLETED ONLY BY HEADQUARTERS PERSONNEL AND NOT SENT TO THE FIELD. FORM WILL BE FILED IN THE EMPLOYEE'S OFFICIAL PERSONNEL FOLDER.

GENERAL

NAME OF EMPLOYEE	(Middle)	SSN/EMPLOYEE NUMBER			
1. MARITAL STATUS (Check one)					
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	<input type="checkbox"/> ANNULLED
IF MARRIED, PLACE OF MARRIAGE				DATE OF MARRIAGE	
IF DIVORCED, PLACE OF DIVORCE DECREE				DATE OF DECREE	

2. MEMBERS OF FAMILY

NAME OF SPOUSE			ADDRESS (Include Street, City, State, Zip Code)					
NAME OF FATHER (or male guardian)			ADDRESS			TELEPHONE NO.		
Deceased								
NAME OF MOTHER (including maiden name for female guardian)			ADDRESS			TELEPHONE NO.		
Deceased								

WHAT MEMBERS OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY. Brothers

3. OTHER RELATIVES WHO ARE DEPENDENT UPON ME FOR AT LEAST 51% OF THEIR SUPPORT AND MEET OTHER REQUIREMENTS IN TRAVEL REGULATIONS (HR 33-12). SPECIFY NAMES AND RELATIONSHIPS.

NAME	DATE OF BIRTH	RELATIONSHIP

4. PERSON RESIDING IN U.S. TO BE NOTIFIED IN CASE OF EMERGENCY

--

The persons named in item 2 of 3 above may also be notified in case of emergency, if such notification is not desirable because of health or other reasons. PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONFIDENTIAL
(When Filled In)

5. VOLUNTARY ENTRIES		
<p>Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.</p>		
<p>INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS, AND THE NAMES IN WHICH THE ACCOUNTS ARE HELD.</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
<p>ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>		
<p>IF YES, DO YOU HAVE A JOINT ACCOUNT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>		
<p>HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" where is document located?)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		
<p>HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO. (If "Yes" give name(s) and address)</p>		
<p>HAVE YOU EXECUTED A POWER OF ATTORNEY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO. (If "Yes" who possess the power of attorney?)</p>		
6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS		
7. RESIDENCE DATA - TO BE COMPLETED ONLY BY EMPLOYEES ENTERING ON DUTY. <i>(No Approval Required)</i>		
<p>RESIDENCE WHEN EMPLOYED (Full Address)</p>	<p>PERMANENT PLACE OF RESIDENCE AS DEFINED IN NW 22-3 (Full Address)</p>	
8. CHANGE IN PERMANENT PLACE OF RESIDENCE (See NW 22-3) <i>(To Be Completed by Employee Desiring Such Change While Assigned to Headquarters)</i>		
<p>FULL ADDRESS</p>	<p>DEPUTY DIRECTOR OR DESIGNEE</p>	<p>DATE</p>
<p>DIRECTOR OF PERSONNEL (when applicable per NW 22-3)</p>	<p>DATE</p>	
<p>SIGNED AT</p> <p><i>Wash DC</i></p>	<p>DATE</p> <p><i>4 Oct 73</i></p>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>

CONFIDENTIAL

SECRET

FIELD DEPARTMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME (see procs only if DA)	DATE (from item 3-D)	NAME OF SUPERVISOR (if any)	DATE (from item 3-D)
	14 Mar 73		14 Mar 73
DATE RECEIVED AT HEADQUARTERS:	DISPATCH NUMBER:	DATE RECEIVED BY CAREER SERVICE:	
14 March 1973			

TO BE COMPLETED BY DEPLOYEE

1. DATE OF BIRTH	2. SERVICE DESIGN	3. YOUR CURRENT POSITION, TITLE AND GRADE	4. STATION OR BASE	5.
	D	Ops Ofcr, GS-13		

6A. DATE OF PCS ARRIVAL IN FIELD	6B. DESIRED DATE OF DEPARTURE	6C. EXPECTED DATE OF FIRST CHECK-IN AT HQ	6D. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE
(2nd tour) 29 June 71	1 July 1973	1 August 1973	1 September 1973

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

Wife; Dau - 13; Son - 12

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

Wife cannot travel by air for medical reasons. Separate travel has been utilized in past assignments with principal and dependents going by air and wife following by ship.

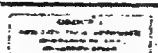
9. LIST YOUR MAJOR DUTIES DURING PREVIOUS TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 340-8)

Referent on [redacted] matters 1 July 1972 to present.
 Referent on [redacted] matters prior to 1 July 1972.

[redacted]

10. TRAINING DESIRED: (INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS)

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

[Redacted]

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, 3, 4 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 1 July 1974 (DATE)

BE ASSIGNED TO DUTIES FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, BRANCH OR OFFICE.
1ST CHOICE EA 2ND CHOICE WH 3RD CHOICE EVN

BE ASSIGNED TO DUTIES FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF GEOGRAPHIC AREA OR SPECIALIZATION
1ST CHOICE _____

RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

[Redacted]

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

(CONT'D)

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

[Redacted] will be assigned to EA [Redacted] upon completion of his tour and home leave. He has been so advised.

DATE 24 Jul 73 TITLE C/EA/PERSONNEL SIGNATURE [Redacted]

FOR USE BY CAREER

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

CABLE NO. _____ DATE: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: _____

SECRET

FRQ [] - 14 March 1973

Operations Review course and training in writing.

SECRET
(When Filled In)

REPORT OF SERVICE ABROAD

FILE
PUNCHED

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
	(P)		

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 98, REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	COUNTRY
MONTH	DAY	YEAR	MONTH	DAY	YEAR			
25-26	27-28	29-30	31-31	33-34	35-36	1 - PCS (Basic) 2 - CORRECTION 3 - CANCELLATION	37 38 39	
05	22	65					1	575

TDY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	O/P USE ONLY	AREA(S)
MONTH	DAY	YEAR	MONTH	DAY	YEAR			
25-26	27-28	29-30	31-31	33-34	35-36	2 - TDY (Basic) 4 - CORRECTION 6 - CANCELLATION	37 38 39	

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify) <i>Per Divisional</i>	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
-----------------------------	----------------------

REMARKS

PREPARED BY	REPORT ANNOTATED ON CONTROL DOCUMENT	ABOVE DATA CERTIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
DEC	DATE	SIGNATURE
C & L DIVISION, ETBB.		
X C & T DIVISION		

THIS REPORT WILL BE FILED IN THE OFFICE OF PERSONNEL IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET
(When Filled In)

FILE
PUNCHED
BY

REPORT OF SERVICE ABROAD

TO: Office of Personnel, Transactions and Records Branch, Status Section

SERIAL NO.	NAME		
	LAST	FIRST	MIDDLE
	(Print)		

INSTRUCTIONS
USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TOY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR. REFER TO OPI NO. 38 REVISED.

PCS DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	COUNTRY	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
			05	22	71	1 - PCS (Basic)	1			575
						3 - CORRECTION				
						6 - CANCELLATION				

TOY DATES OF SERVICE

ARRIVAL O/S			DEPARTURE O/S			TYPE OF DATA	CODE	O/P USE ONLY	AREA(S)	CODE
MONTH	DAY	YEAR	MONTH	DAY	YEAR					
						2 - TOY (Basic)				
						4 - CORRECTION				
						6 - CANCELLATION				

OFFICE OF PERSONNEL USE ONLY - PUNCH AREA

SOURCE DOCUMENT AND CERTIFICATION

TRAVEL VOUCHER	DISPATCH
CABLE	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify)	

DOCUMENT IDENTIFY [] DOCUMENT DATE/PERIOD 4 May 1971

REMARKS

PREPARED BY	REPORT ASSOCIATED OR CONTROL DOCUMENT	DATE	SIGNATURE
CCO		5/21/71	
C & L DIVISION, CFSS			
COPY DIVISION			

THIS REPORT WILL BE FILED IN THE INDIVIDUAL'S OFFICIAL PERSONNEL FOLDER

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (use surname only if SSN) DATE (from item 3-D) NAME OF EMPLOYEE DATE (from item 3-2)

DATE RECEIVED BY HEADQUARTERS: 16 October 1970 DISPATCH NUMBER: DATE RECEIVED BY CAREER SERVICE: 11 DEC 1970

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH 2. SERVICE DESIGN: D 3. YOUR CURRENT POSITION, TITLE AND GRADE: Operations Officer GS-13 4. STATION OR BASE 5.

6a. DATE OF PCS ARRIVAL IN FIELD: 22 May 1969 6b. REQUESTED DATE OF DEPARTURE: 26 May 1971 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE: 27 July 1971

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU:

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT:

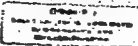
9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-F 340-8)

A.
B.
C.

[Empty box for listing major duties]

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS:

None



SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

NA

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, & 3 (for 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

EXTEND YOUR 12 MONTHS AT CURRENT STATION TO 30 May 1973 (DATE)

BE ASSIGNED TO HDQTRS FOR A TOUR OF DUTY; INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

BE ASSIGNED TO _____ ATION
1ST CHOICE _____

RETURN TO MY CURRENT STATION after home leave.

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

[Empty box for field station recommendation]

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

The Division approves subject's request for home ^{leave} and return

DATE 10 Dec 70 TITLE CFE SIGNATURE [Signature]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATED: 10 Dec 70

CABLE NO: _____ DATED: _____

CAREER SERVICE REPRESENTATIVE: _____ DATE: 14 Dec 70

S E C R E T

FIELD COMMENTS - continued

Subject has performed well in his assigned field thus far and I would expect to reap substantial benefits from his performance during his second tour based on the experience and knowledge he will have gained by the end of his first tour.

S E C R E T

CONFIDENTIAL

(When Filled In)

Complete in original. The data recorded on this form is essential in determining travel expenses allowable in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. This form will be filed in the employee's official personnel folder.

1. NAME OF EMPLOYEE (Last)

1.

IF WIDOWED, PLACE SPOUSE DIED

DATE SPOUSE DIED

IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)

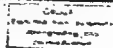
2.

MEMBERS OF FAMILY

IN CASE OF EMERGENCY, IF SUCH NOTIFICATION IS NOT DESIRABLE BE-
CAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.

CONTINUED ON REVERSE SIDE

CURRENT RESIDENCE AND DEPENDENCY REPORT



CONFIDENTIAL

(When Filled In)

VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

[Empty box for banking information]

[Empty box for banking information]

ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

[Large empty box for additional data]

SIGNED AT

DATE

28 April 1969

CONFIDENTIAL

CONFIDENTIAL
(When filled in)

IMPORTANT

Central Processing Branch has been charged with responsibility for ensuring that all employees processing PCS to the field have reviewed the field version of the Employee Conduct Handbook. You will not be checked out for your proposed travel until you sign the following statement and return it to CFB. Your Personnel Officer can provide you with a copy of the Handbook.

MEMORANDUM OF UNDERSTANDING

I hereby acknowledge that I have read and understand the contents of Field Handbook 20-4, Employee Conduct, dated 23 October 1964.

[Redacted Signature Box]

Signature

15 Oct 1964

Date

[Redacted Signature Box]

CONFIDENTIAL

Group 1 - Excluded from automatic downgrading and declassification.

SECRET

SSA/DAS 67-2037

CC: 7-4476

16 OCT 1967

MEMORANDUM FOR: Deputy Director for Plans

SUBJECT: [REDACTED]
Fourth Security Violation

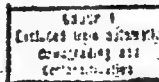
REFERENCE: HB 10-16

1. This memorandum contains a recommendation for approval in paragraph 4.

2. Two officers of this Division have incurred their fourth security violation. Reference requires that I impose at least two weeks' leave without pay in each case unless your approval is obtained for a lesser penalty. I propose such a lesser penalty and request your concurrence.

3. The officers concerned [REDACTED] are both dedicated Agency employees who have never, to the best of my knowledge, evidenced contempt for our security procedures nor displayed such gross negligence as to require strong remedial action. In neither case were any of the violations such as to indicate a compromise of information was probable, all were either open-safe or "exposed-classified-material" violations such as one-time typewriter ribbons, and none involved loss of documents, indiscreet talk or other more serious matters. Further, the majority of the violations occurred on occasions when the individuals concerned worked past the normal close of business and, while this is no excuse for carelessness, frequent overtime work does increase the possibility of a violation since the usual after-hours duty check is not operative. It seems to me, therefore, that the two weeks' leave without pay required by reference would be an excessively harsh penalty and not conducive to the enhancement of Agency security in general. I, therefore, propose the imposition of two days' leave without pay and a written reprimand for each officer. Copies of the proposed reprimand are attached.

SECRET



SECRET

4. It is recommended that the subjects be each issued a written reprimand and directed to take two days' leave without pay as the result of incurring their fourth security violation.


William B. Colby
Chief, Far East Division

Attachment
Proposed reprimands

* The recommendation contained
in paragraph 4 is APPROVED:

/s/ Cord Meyer, Jr.

Ad Deputy Director for Plans

16 NOV 1967

Date

* The recommendation contained in para. 4 is approved; except that 3 days LWOP will be charged instead of the 2 days proposed.

2

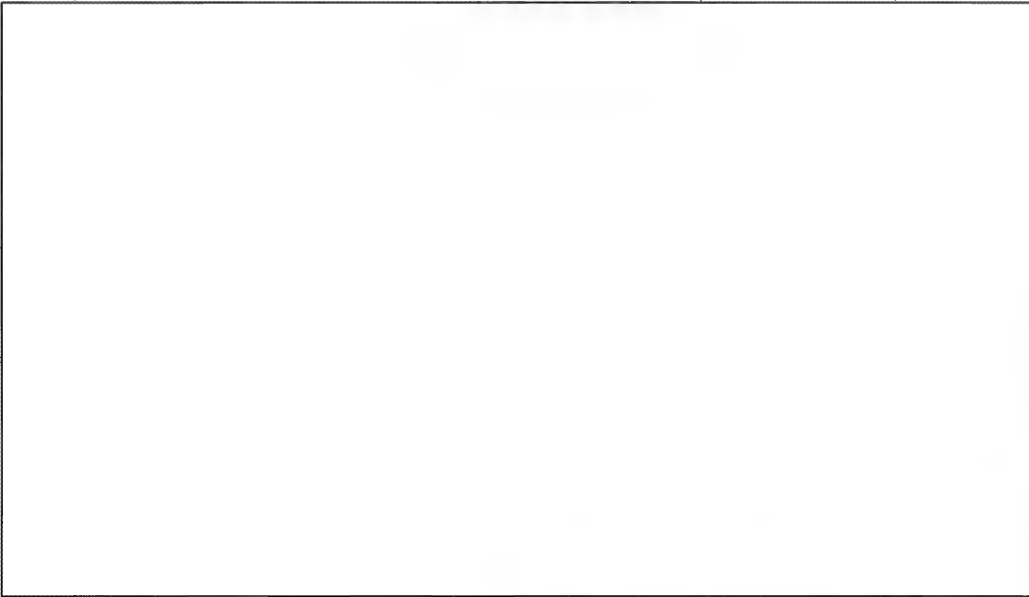
SECRET

SECRET

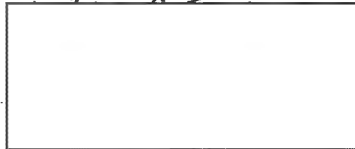
SECRET

SECRET

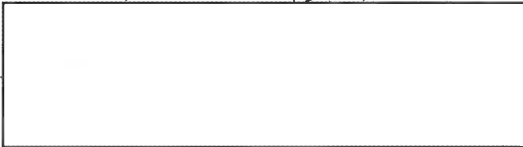
SECRET



UNITED STATES GOVERNMENT



ACCEPTED:



SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

C 51515 801000

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

NAME OF EMPLOYEE (Last, first, middle initial only if SA) DATE (from item 5-1) NAME OF SUPERVISOR (Last, first, middle initial only if SA) DATE (from item 5-2)

DATE RECEIVED AT HEADQUARTERS: 11 Mar 66 DISPATCH NUMBER: 7 Feb 66 DATE RECEIVED BY EMPLOYE SERVICE: 3 Mar 66

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH: [] 2. SERVICE DESIGN: D XX 3. YOUR CURRENT POSITION, TITLE AND GRADE: GS-12 Ops Officer 4. STATION OR BASE: Saigon 5. CRYPT FOR CURRENT COVER: []

6a. DATE OF PCS ARRIVAL IN FIELD: 29 Dec 1964 6b. REQUESTED DATE OF DEPARTURE: 9 July 1966 6c. EXPECTED DATE OF FIRST CHECK-IN AT HQ: 15 August 1966 6d. DESIRED DATE TO REPORT TO DUTY AFTER LEAVE: 10 September 1966

7. NUMBER AND AGES OF DEPENDENTS WHO WILL TRAVEL WITH YOU: 3 - 35, 6, 5

8. PERSONAL CIRCUMSTANCES THAT SHOULD BE CONSIDERED IN DETERMINING NEXT ASSIGNMENT: No unaccompanied assignment

9. LIST YOUR MAJOR DUTIES DURING CURRENT TOUR (see special note on transmittal form). (also attach personal cover questionnaire in accordance with CSI-P 260-8)

10. TRAINING DESIRED: INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE DURING THE NEXT SEVERAL YEARS: CI course

SECRET

11. PREFERENCE FOR NEXT ASSIGNMENT:

11a. DESCRIBE BRIEFLY THE TYPE OF WORK YOU WOULD PREFER FOR NEXT ASSIGNMENT IF DIFFERENT FROM THAT INDICATED IN ITEM NO. 9 ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICE.

[Redacted]

11b. INDICATE IF YOU DESIRE TO EXTEND YOUR CURRENT TOUR BY CHECKING IN APPROPRIATE BOX. ALSO INDICATE PREFERENCE FOR NEXT REGULAR ASSIGNMENT BY INSERTING 1, 2, OR 3 (For 1st, 2nd, and 3rd choice) IN REMAINING BOXES. COMPLETE ALL ALTERNATE CHOICES AND OPTIONS IN ALL CASES EVEN THOUGH YOU ARE REQUESTING AN EXTENSION OF YOUR TOUR.

- EXTEND TOUR _____ MONTHS AT CURRENT STATION TO _____ (DATE)
- BE ASSIGNED TO HQ/RS FOR A TOUR OF DUTY. INDICATE YOUR CHOICE OF DIVISION, STAFF OR OFFICE.
1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____
- BE ASSIGNED
1ST CHOICE [Redacted] DIVISION _____
- RETURN TO MY CURRENT STATION

TO BE COMPLETED BY FIELD STATION

12. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE AND HIS PREFERENCE FOR NEXT ASSIGNMENT, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING: This man has completed a

tour separated from his family and has performed competently [Redacted] in which he has done an outstanding job. Believe he would profit by the CI course and another field tour [Redacted] a post where he can be with his family.

TO BE COMPLETED BY APPROPRIATE HEADQUARTERS OFFICE

13. IN CONSIDERATION OF THE EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF YOUR COMPONENT, INDICATE YOUR COMPONENT'S RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING.

PE Division has no suitable assignment for subject. Request his next assignment be determined by the CS Career Service and that he be advised accordingly.

DATE 02/24/68 TITLE C/FE/DIRS SIGNATURE [Redacted]

FOR USE BY CAREER SERVICE

14. APPROVED ASSIGNMENT:

Assigned to [Redacted]

15. EMPLOYEE NOTIFIED BY DISPATCH NO. _____ DATE: _____

CABLE NO. _____ DATE: _____

[Redacted]

CAREER SERVICE REPRESENTATIVE: _____

DATE: _____

CONFIDENTIAL

MEMORANDUM FOR: FE Career Management Committee

SUBJECT: Recommendation for Promotion of [redacted]
from GS-12 to GS-13

1. The Vietnam Station has recommended the promotion of [redacted] from GS-12 to GS-13. He has been in his present grade for almost five years. He is already performing at the level normally expected of a GS-13. [redacted] was ranked fifth among all GS-12's currently at Vietnam Station. The Station recommendation as contained in [redacted] is quoted in the following paragraphs.

2. This employee has performed at a highly commendable level during his tour at this Station.

[Large redacted block]

3. Subject displays the qualities of a highly capable, well-rounded officer. He has approached his own tasks with a mature and efficient manner, and has always demonstrated an excellent understanding of the role and mission [redacted] the Station in this area. He appears to be highly motivated, and I consider him an officer with a great deal of long-range potential.

(11 Aug 66)

The Director
18 OCT 1966

Chief, [redacted]

[Signature]
[redacted] Branch

CONFIDENTIAL



CONFIDENTIAL

28 MAR 1967


MEMORANDUM FOR: Chief, FE Division DD/P

SUBJECT : Security Violation -



1. 
2. 

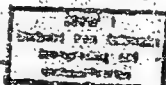
3. It would be appreciated if you would advise this Office by memorandum of the administrative action taken in this case.

fe 
Deputy Director of Security (PTOS)

Att
Violation Report

cc: Deputy Director for Plans
Director of Personnel

CONFIDENTIAL



CONFIDENTIAL

SECURITY VIOLATION REPORT

DETAILS OF VIOLATION:

INVESTIGATIVE FACTS:

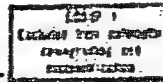
CONCLUSION:

SECURITY HISTORY:

Chief, Survey Branch

Investigator

CONFIDENTIAL



REPUBLIC OF VIETNAM

MERIT COMMENDATION

FOR [] American counterpart to the Police Special Branch of the Directorate General of National Police, who is awarded the Third Class Honorary Police Medal by Decree No. 1744-ND/HP/VP of 24 September 1966.

[] is an outstanding counterpart and a sincere friend of the National Police Branch.

During his period of service in Vietnam, [] devoted all his ability, experience, and good will to helping the Police Special Branch, especially in the task of setting up a people's intelligence net.

The dedication and enthusiasm of [] helped the National Police Branch to achieve excellent results in safeguarding security and maintaining law and order in Saigon, the Capital.

[] spirit of mutual aid merits praise and remembrance.

Saigon, 24 September 1966

Chairman of the Central Executive Committee

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY



HÀNG TRUYỀN MỜI CÔNG TRẠNG

về [] Phó-trí-viên Hoa-ý cảnh Khố
Cảnh-sát Đặc-Biệt Tổng Nha Cảnh-sát Quốc-Gia được
ăn thưởng Bộ tam đẳng Cảnh-sát danh-dự Bội-tinh do
do Nghị-dịnh số 1744-NĐ/HP/VP ngày 24 tháng 9 năm 1966.

[] là một Phó-trí-viên ưu-tử và là
Người bạn chân-thành của ngành Cảnh-sát Quốc-gia.

Trong thời gian phục-vụ tại Việt-Nam, []
[] đã đem hết khả năng, kinh-nghiệm và thiện-chí giúp đỡ Khố
Cảnh-sát Đặc-biệt, nhất là trong công tác đặt lữai tình báo
nhận dân.

Sự tận tâm và lòng nhiệt thành của []
đã giúp cho ngành Cảnh-sát Quốc-gia thân đạt được nhiều kết-
quả tốt đẹp trong công cuộc bảo vệ an-ninh và duy-trì trật-tự
tại Lữ-thành Saigon.

Tinh-thần tương-trợ của [] đáng được
khon ngợi và ghi nhớ.

Seigon, ngày 24 tháng 9 năm 1966
CHỦ-TỊCH ỦY-BAN LÃNH-ĐẠO TRUNG-ƯƠNG,



TRƯỞNG, NGUYỄN CAO KIỆT

REPUBLIC OF VIETNAM
OFFICE OF THE CHAIRMAN
NATIONAL LEADERSHIP COMMITTEE

CHAIRMAN OF THE CENTRAL EXECUTIVE COMMITTEE

Reference the order of 19 June 1965 which was supplemented by Decree No. 6-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam;

Reference Decree No. 3-QLVNCH/QD of 14 June 1965 which was supplemented by Decree No. 7-QLVNCH/QD of 6 June 1966 of the Armed Forces Council of the Republic of Vietnam which established and fixed the composition of the National Leadership Council;

Reference Decree No. 001-a/CT/LDQG/SL of 19 June 1965 and all succeeding documents which established and set the composition of the Central Executive Committee;

Reference Decree No. 080-CT/LDQG/SL of 6 September 1965 which created two types of medals, the Police Service Medal and the Honorary Police Medal;

Reference Decree No. 001-CT/LDQG/SL of 21 January 1966 which fixed the methods of awarding the medals mentioned above,

DECREE

Article One. Now the Third Class Honorary Police Medal is awarded American Counterpart to the Police Special Branch of the Directorate General of National Police.

Article Two. The Commissioner General for Security and the Administrative Assistant in the Office of the Chairman of the Central Executive Committee will assume the responsibility for implementing the Decree.

Saigon, 24 September 1966

/Signed and Sealed/

Air Vice Marshal NGUYEN CAO KY

VIỆT-NAM CỘNG-HÒA

Phủ Chủ-Tịch
Ủy-Ban Hành-Pháp Trung-Uông

Số 1744-ND/HP/VP.

Chức Vụ

Ủy-Ban Hành-Pháp Trung-Uông

Chiếu Sắc-lệnh ngày 19 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 6-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại-Hội-Dồng Quản-Lýo Việt-Nam Cộng-Hòa ;

Chiếu Quyết-định số 3-LV/CH/QĐ ngày 14 tháng Sáu năm 1965 bổ-túc bởi Quyết-định số 7-LV/CH/QĐ ngày 6 tháng Sáu năm 1966 của Đại-Hội-Dồng Quản-Lýo Việt-Nam Cộng-Hòa thành-lập và an-định thành-phần Ủy-Ban Lãnh-Đạo Quốc-Gia ;

Chiếu Sắc-lệnh số 001-a/CT/LĐQ/G/L ngày 19 tháng Sáu năm 1965 và các văn-bản liên-kế-tiếp thành-lập và an-định thành-phần Ủy-Ban Hành-Pháp Trung-Uông ;

Chiếu Sắc-lệnh số 060-CT/LĐQ/G/L ngày 6 tháng Sáu năm 1965 thiết-lập hai loại hay-chương "Cảnh-Sát Chiến-Công Lợi-Tinh" và "Cảnh-Sát Dân-Dự Lợi-Tinh" ;

Chiếu Nghị-định số 001-CT/LĐQ/HĐ ngày 21 tháng Giêng năm 1966 an-định tho-thực cấp-tướng các hay-chương kể trên,

H H H I - D I H H :

Điều thứ nhất. - Hay an-thưởng Độ-tam đứn; Cảnh-Sát Dân-Dự Lợi-Tinh cho Phó-trí-viên Hoa-Kỳ cạnh khối Cảnh-Sát Đặc-biệt Tổng Mìn Cảnh-Sát Quốc-Gia.

Điều thứ 2. - Tổng-Ủy-Viên An-Hình và Phụ-Tá Hành-Chánh tại Phủ Chủ-Tịch Ủy-Ban Hành-Pháp Trung-Uông, chiếu nhiệm-vụ, lãnh tải-dành Nghị-định này.

Saigon, ngày 24 tháng 9 năm 1966



[Handwritten signature]

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters

EMPLOYEE SERIAL NO.	NAME OF EMPLOYEE			OFFICE/COMPONENT
	LAST	FIRST	MIDDLE	
1-6 []	(Print) []	2-24 []		25-29 45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (ONE ONLY). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-42
3 - CORRECTION					07	11	66	7-22
6 - CANCELLATION	1						VIET NAM	

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREAS	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input checked="" type="checkbox"/>	DISPATCH
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT
OTHER (Specify):		

DOCUMENT IDENTIFICATION NO. []	DOCUMENT DATE/PERIOD 7-14-66
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REMARKS

PREPARED BY USA	REPORT ANNOTATED ON SOURCE DOCUMENT	DATE 7-21-66	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
C & S DIVISION	SIGNATURE []		
C & S DIVISION			

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 5 E 2506 Headquarters.

EMPLOYEE SERIAL NO. 1-8	NAME OF EMPLOYEE			OFFICE/COMPONENT 29-38
	LAST (Print)	FIRST	MIDDLE	
				45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	ARRIVAL			DEPARTURE			COUNTRY	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	VIET NAM	40-42
3 - CORRECTION								
5 - CANCELLATION								772

TDY DATES OF SERVICE

TYPE OF DATA	DEPARTURE			RETURN			AREA(S)	OMIT
	CODE	MONTH	DAY	YEAR	MONTH	DAY		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37		40-42
4 - CORRECTION								
6 - CANCELLATION								

SOURCE OF RECORD DOCUMENT

TRAVEL VOUCHER	<input type="checkbox"/>	DISPATCH	<input checked="" type="checkbox"/>
CABLE	<input type="checkbox"/>	DUTY STATUS OR TIME AND ATTENDANCE REPORT	<input type="checkbox"/>
OTHER (Specify)	<input type="checkbox"/>		

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	31 Dec 64

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ABOVE DATA VERIFIED CORRECT, BASED UPON SOURCE DOCUMENT CITED
D O I DIVISION	DATE	SIGNATURE
C B T DIVISION	13 Jan 65	

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO: Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE		OFFICE/COMPONENT 10-30
	LAST (Print)	FIRST MIDDLE	
			45

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (Or omit). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	97	10-20	30-31	32-33	34-35	36-37	38-39	40-49	
3 - CORRECTION					09	23	62		
6 - CANCELLATION	1							375	

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39	40-49	
4 - CORRECTION									
8 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO. FORM - 764	DOCUMENT DATE/PERIOD 2 Sept - 23 Sept 62
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REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADVICE DATA VERIFIED CORRECT. BASED UPON SOURCE DOCUMENT CITED
FISCAL DIVISION	DATE 16 OCT 1962	SIGNATURE
FINANCE DIVISION		

FORM 1451a OBSOLETE PREVIOUS EDITIONS.

SECRET

SECRET

101

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE

DO NOT COMPLETE

DO NOT COMPLETE HEADQUARTERS USE ONLY

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF STEPS 1 THROUGH 7, BELOW:			
NAME (Last)	DATE (From Item 1)	NAME OF SUPERVISOR (Last)	DATE (From Item 2)
	Jan 1962		Jan 1962
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE
			12 Feb 1962

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
	GS-12	
4. SERVICE DESIGNATION (If known)	5. CURRENT STATION OR FIELD BASE	
NA		
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR	7. EXPECTED DATE OF DEPARTURE	
NA	September 1962	

8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR:

9. PREFERENCE FOR NEXT ASSIGNMENT:

A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.

SAME

B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available):

Language Training

SECRET

D. PREFERENCE FOR NEXT ASSIGNMENT (continued)

C. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2 AND 3 (for 1st, 2nd and 3rd choice) IN THE BOXES BELOW:

RETURN TO MY CURRENT STATION

BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF 24 MONTHS

BE ASSIGNED TO ANOTHER FIELD STATION

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR 1ST, 2ND AND 3RD CHOICE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

1ST CHOICE:

2ND CHOICE:

3RD CHOICE:

FILE
PERSONNEL
JUN 16 11 30 PM '62
MAIL ROOM

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three: 32, 30 months, 18 months

12. SIGNATURE: COMPLETE ITEM NO. 9-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM. TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE STATION, INDICATE YOUR RECOMMENDATION FOR HIS NEXT ASSIGNMENT AND TRAINING:

In view of this officer's field experience and his competent performance as his continued assignment to a field station would soon to be in the best interests of KUBARK.

14. SIGNATURE: COMPLETE ITEM NO. 9-2, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF THIS PORTION OF THE FORM. TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

15. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

FE Division concurs.

"The staffing plans of St/FM call for the assignment of to analytical duties on his return to Headquarters in the fall of 1962."

16. NAME OF SUPERVISOR

TITLE:

Personnel Officer, ORR

20 March 1962

17. REMARKS (additional comment):

was notified of his planned reassignment in Memorandum No. 363, dated 14 March 1962.

21 MAR

Acting Secretary, ORR Career Service Board

SECRET

SECRET
(When Filled In)

VERIFIED RECORD OF OVERSEAS SERVICE

TO:
Office of Personnel, Statistical Reporting Branch, ROOM 192 Curie Hall

EMPLOYEE SERIAL NO. 1-6	NAME OF EMPLOYEE			OFFICE/COMPONENT 28-28
	LAST (Print)	FIRST	MIDDLE	
		7-24		18

INSTRUCTIONS

USE APPROPRIATE SPACE BELOW TO REPORT DATA FOR EITHER PCS OR TDY. INSERT APPROPRIATE CODE NUMBER IN "CODE" COLUMN TO DESIGNATE WHETHER SUBMISSION IS OF BASIC DATA, CORRECTION, OR CANCELLATION (One only). REPORT DATES BY USING THE NUMBER FOR THE MONTH, AND LAST TWO DIGITS ONLY FOR YEAR.

PCS DATES OF SERVICE

TYPE OF DATA	CODE	ARRIVAL			DEPARTURE			COUNTRY	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
1 - PCS (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
2 - CORRECTION									
3 - CANCELLATION									
	1	09	04	59					375

TDY DATES OF SERVICE

TYPE OF DATA	CODE	DEPARTURE			RETURN			AREA(S)	OMIT
		MONTH	DAY	YEAR	MONTH	DAY	YEAR		
2 - TDY (Basic)	27	28-29	30-31	32-33	34-35	36-37	38-39		40-42
4 - CORRECTION									
5 - CANCELLATION									

SOURCE OF RECORD DOCUMENT

<input type="checkbox"/> TRAVEL VOUCHER	<input type="checkbox"/> DISPATCH
<input type="checkbox"/> CABLE	<input checked="" type="checkbox"/> DUTY STATUS OR TIME AND ATTENDANCE REPORT
<input type="checkbox"/> OTHER (Specify)	

DOCUMENT IDENTIFICATION NO.	DOCUMENT DATE/PERIOD
	10 AUG. - 5 SEP. 59

REMARKS

PREPARED BY	REPORT ANNOTATED ON SOURCE DOCUMENT	ADDITIONAL DATA VERIFIED CORRECT, BASED UPON SOURCE
FISCAL DIVISION	DATE	SIGNATURE
FINANCIAL DIVISION	21 APR. 60	

Office of Training
TRAINING RECORD

Instructor Training Course No. 60
40 hours, 30 Oct. - 3 Nov. 1961

6 students

Student:

Year of Birth:

EOS Date: **June 1955**

Grade: **11**

Officer: **Orr**

COURSE OBJECTIVES, CONTENT, AND METHODS

The Objectives of this course are:

1. To develop an acquaintance with the learning processes.
2. To apply the principles of learning and instruction in practical teaching experiences.

This course included planning and practical teaching work in: principles of learning and teaching; effective oral communication; demonstration techniques; training aids; elements of effective class discussions; principles of lesson planning; and based upon the implementation of the principles of learning. Due to the shortness of the course, familiarization only was attempted with the above aspects of teaching.

During this course, each student presented to the class a sample speech, demonstration, a class discussion, and lesson plan, all related to his own subject matter area. These presentations were critiqued and rated by his classmates and the instructor. Over half of the student's course time was spent in practical exercises.

ACHIEVEMENT RECORD

This student has satisfactorily accomplished the course objectives and met the course standards in presenting his exercises. has a pleasant manner of speaking, and with each presentation to the class his effectiveness increased. He was able to use visual aids effectively to good advantage, and he made worthwhile suggestions for improving the presentations of others. He evidenced a sound grasp of the principles of lesson plan format.

Despite his noticeable progress during the course, needs to show more interest in his students and regularly maintain good eye contact with his entire class. By giving continual attention and practice to vocal variety, overt manifestations of enthusiasm, and the establishment of closer rapport with the students, should be able to increase considerably his competence as an instructor.

FOR THE DIRECTOR OF TRAINING:

9 NOV 1961

SECRET

FIELD REASSIGNMENT QUESTIONNAIRE

DO NOT COMPLETE FOR HEADQUARTERS USE ONLY

DO NOT COMPLETE

DO NOT COMPLETE

AUTHENTICATION OF SIGNATURES AND VERIFICATION OF ITEMS 1 THROUGH 7, BELOW:

NAME OF EMPLOYEE (true)	DATE (from item 1)	NAME OF SUPERVISOR (true)	DATE (from item 3)
	21 March 1961		21 March 1961
NAME AND SIGNATURE OF OFFICIAL AT HEADQUARTERS AUTHORIZED TO AUTHENTICATE SIGNATURES AND VERIFY DATA IN ITEMS NOS. 1 THROUGH 7, BELOW:			DATE

TO BE COMPLETED BY EMPLOYEE

1. DATE OF BIRTH	2. GRADE	3. CURRENT POSITION TITLE
	GS-11	Identification Specialist
4. SERVICE DESIGNATION (if known)	5. CURRENT STATION OR FIELD BASE	
NA		
6. OTHER DUTY STATIONS OR FIELD BASES DURING CURRENT TOUR		7. EXPECTED DATE OF DEPARTURE
NA		October 1961
8. WRITE A DESCRIPTION OF YOUR MAJOR DUTIES DURING THE CURRENT TOUR OF DUTY (see special note on Transmittal Form)		
9. PREFERENCE FOR NEXT ASSIGNMENT:		
A. WRITE A BRIEF DESCRIPTION OF THE TYPE OF WORK YOU WOULD PREFER FOR YOUR NEXT ASSIGNMENT IF IT DIFFERS FROM THAT INDICATED IN ITEM NO. 3, ABOVE. IF YOU HAVE MORE THAN ONE PREFERENCE, INDICATE YOUR CHOICES.		
SAME		
B. INDICATE WHAT TRAINING YOU BELIEVE YOU SHOULD HAVE IN ORDER TO INCREASE YOUR VALUE TO THE ORGANIZATION (refer to catalog of courses, if available).		
Language Training		

SECRET

9. PREFERENCE FOR NEXT ASSIGNMENT (continued)

10. INDICATE YOUR PREFERENCE FOR NEXT ASSIGNMENT BY INSERTING NUMBERS 1, 2, 3 AND 4 (1st, 2nd, 3rd and 4th choice) IN THE BOXES BELOW:

1 RETURN TO MY CURRENT STATION

2 BE ASSIGNED TO HEADQUARTERS FOR A TOUR OF DUTY

WITH RESPECT TO A POSSIBLE REASSIGNMENT TO ANOTHER FIELD STATION, INDICATE YOUR PREFERENCE FOR GEOGRAPHIC AREA OR SPECIFIC STATION:

3 BE ASSIGNED TO ANOTHER FIELD STATION

4 BE ASSIGNED TO ANOTHER FIELD STATION

1st CHOICE:

2nd CHOICE:

3rd CHOICE:

[Empty box for 1st choice]

MAN ROON

10. HOW MUCH LEAVE DO YOU DESIRE BETWEEN ASSIGNMENTS?

30 Days

INDICATE NUMBER OF WORK DAYS

11. INDICATE THE NUMBER AND AGE OF DEPENDENTS WHO WILL BE TRAVELLING OR MOVING WITH YOU:

Three, 51, 23 months, 8 months

12. SIGNATURE: COMPLETE ITEM NO. 8-1, TRANSMITTAL SHEET, TO INDICATE COMPLETION OF ABOVE PORTION OF THIS FORM.

TO BE COMPLETED BY SUPERVISOR AT FIELD STATION

13. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

[Large empty box for supervisor's comments]

TO BE COMPLETED BY APPROPRIATE SUPERVISOR AT HEADQUARTERS

14. IN CONSIDERATION OF THE PAST EXPERIENCE AND PERFORMANCE OF THE EMPLOYEE, HIS EXPRESSED PREFERENCE FOR NEXT ASSIGNMENT, AND THE STAFFING REQUIREMENTS OF THE DIVISION TO WHICH HE IS CURRENTLY ASSIGNED, INDICATE YOUR RECOMMENDATIONS FOR HIS NEXT ASSIGNMENT AND TRAINING:

EE Division recommends subject be reassigned by the IA Career Board.

Headquarters recommends extension of tour for another year.

Personnel Officer, ORR

16. NAME OF SUPERVISOR:

SIGNATURE:

TITLE:

DATE:

17. REMARKS (additional comments)

SECRET

SECRET

18 April 1961

MEMORANDUM FOR THE RECORD

SUBJECT: Outstanding Advance Balance [redacted]

1. This memorandum is to be made a part of subject's personnel file, by direction of Acting Chief, [redacted]

2. As stated in Paragraph 4 of the [redacted] Audit Report for the period 1 September 1960 through 28 February 1961, subject has an outstanding balance of \$167.62 in his travel advance account. The advance has been open since 8 December 1960, despite repeated efforts on the part of Finance to close the account.

3. The balance referred to above is computed as follows:

8 December 1960 - Travel advance	\$500.00
22 March 1961 - Accounting for travel for period 10-18 December 1960	332.38
Balance Outstanding	<u>\$167.62</u>

4. Finance Memorandum 61-19 dated 17 April 1961 again requested that the balance be refunded and the account closed. An addendum to this memorandum, signed by Acting Deputy for Operations, informed [redacted] that he was to refund the balance no later than COB 17 April 1961.

5. [redacted]'s written reply to the memo stated that he would refund the balance no later than 28 April 1961, upon receipt of a bank deposit slip from PBPRIME.

6. After further discussion between [redacted] and the undersigned, [redacted] were sent to Headquarters requesting an immediate transfer of \$167.62 from subject's Credit Union account to Finance Division for T/A [redacted].

7. Subject has been informed that no further advances of official funds will be made to him, except for housing expenses and the exact cost of tickets necessary for official travel.

[redacted]
Finance Officer

Distribution

1 - PERS
2 - PLH
1 - A/DOFS

SECRET

TSS/PB/TRAINING DIVISION EVALUATION

DARKROOM 6

BASIC PHOTOGRAPHY No 1

NAME DIV. (X) BR. (A) DATES TRAINED: from 23 June to 17 July '57

This course is primarily designed to develop the following skills: Use of 35 mm cameras with accessories, document copy, processing and printing.

	None	Unsat.	Fair	Good	Excellent	Superior
I. Manipulation of camera.						
a. Leica				X		
b. Retina II C	X					
c. Recordak				X		
II. Processing and printing.						
a. Film loading				X		
b. Film processing				X		
c. Enlarging				X		
d. Reflex and contact printing					X	
III. Use of accessory equipment.						
a. Exposure meter				X		
b. Filters	X					
c. Telephoto and wide angle lenses				X		
IV. Document copy and small objects.						
a. Available light	X					
b. Accessory illumination				X		
c. BOOWU, porra lens, focus slide				X		
V. Ground photography.						
a. Coverage						
b. Report	X					
VI. Casings.						
a. Coverage						
b. Report						
VII. Surveillance.						
a. Coverage						
b. Report						
VIII. Special problems.						
a. Coverage						
b. Report						
General quality of prints				X		
Choice of subject matter				X		
Quality of darkroom work (Cleanliness, etc.)				X		
Attitude toward subject matter				X		
Cooperation					X	

REMARKS:

met the course objectives and completed all of the course assignments for this two weeks he attended with average results.

Mastering was difficult at the outset, soon overcame many of his problems in the two week time. He demonstrated an eagerness to learn, by asking to be allowed out in not only course equipment, but other equipment as well. He also offered to complete additional assignments on his own time.

It is suggested he continue his practice and association with photography in order to maintain and improve present proficiency.

APPROVED
C/TSS/AD
Instructor

SECRET
(When Filled In)

PERIODIC SUPPLEMENT
PERSONAL HISTORY STATEMENT

THIS DATE

INSTRUCTIONS

This form provides the space whereby your official personnel records will be kept current. Even though it duplicates information you have furnished previously, it will be necessary for you to complete Sections I through VI in their entirety. You need complete Sections VII through XII only if there has been a change since you entered on duty with the organization or if you believe the area requires more complete coverage than you have previously reported.

SECTION I

GENERAL

1. FULL NAME *Frank Frank Miller*

2. CURRENT ADDRESS (No., Street, City, Zone, State)

3. PERMANENT ADDRESS (No., Street, City, Zone, State)

4. HOME TELEPHONE NUMBER

5. STATE, TERRITORY, POSSESSION OR COUNTRY IN WHICH YOU NOW CLAIM RESIDENCE

SECTION II

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

1. NAME *Frank Frank Miller*

2. P

3. D

4. O

5. H

6. IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE. MAY ALSO BE NOTIFIED. IF SUCH NOTIFICATION

SECTION III

MARITAL STATUS

1. CHECK ONE: SINGLE MARRIED DIVORCED SEPARATED DIVORCED ANNULLED

2. FURNISH DATE, PLACE AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS

SPOUSE: If you have been married more than once, including annulments, use a separate sheet for former wife or husband giving data below for all previous marriages. If marriage is contemplated, provide same data for fiancee.

3. NAME (First, Middle, Last)

4. ADDRESS

5. PHONE NUMBER

6. OCCUPATION

7. EMPLOYER'S OR BUSINESS ADDRESS (No., Street, City, State, Country)

SECTION III CONTINUED TO PAGE 2

SECTION V CONTINUED FROM PAGE 2

9. BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS

NAME OF INSTITUTION	ADDRESS (City, State, Country)
	Wash. D. C.
	Arlington, Va.

7. HAVE YOU EVER BEEN IN, OR PETITIONED FOR, BANKRUPTCY? YES NO

8. IF YOU HAVE ANSWERED "YES" TO QUESTION 7 ABOVE, GIVE PARTICULARS, INCLUDING COURT AND DATE(S)

SECTION VI: CITIZENSHIP

1. COUNTRY OF CURRENT CITIZENSHIP

2. CITIZENSHIP ACQUIRED BY - CHECK (AS ONE):
 BIRTH MARRIAGE OTHER (Specify)

3. HAVE YOU TAKEN STEPS TO CHANGE YOUR PRESENT CITIZENSHIP? YES NO

4. GIVE PARTICULARS:

5. IF YOU HAVE APPLIED FOR U.S. CITIZENSHIP, INDICATE PRESENT STATUS OF YOUR APPLICATION (Final papers, etc.)

SECTION VII: EDUCATION

1. CHECK (X) HIGHEST LEVEL OF EDUCATION ATTAINED:

<input type="checkbox"/> LESS THAN HIGH SCHOOL GRADUATE	<input type="checkbox"/> OVER TEN YEARS OF COLLEGE - NO DEGREE
<input type="checkbox"/> HIGH SCHOOL GRADUATE	<input type="checkbox"/> BACHELOR'S DEGREE
<input type="checkbox"/> TRADE, BUSINESS, OR COMMERCIAL SCHOOL GRADUATE	<input type="checkbox"/> GRADUATE STUDY LEADING TO HIGHER DEGREE
<input type="checkbox"/> TWO YEARS COLLEGE OR LESS	<input type="checkbox"/> MASTER'S DEGREE <input type="checkbox"/> DOCTOR'S DEGREE

2. COLLEGE OR UNIVERSITY STUDY:

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	SUBJECT		DATE ATTENDED		DEGREE REC'D	DATE REC'D	DEGREE WAS COMPLETED (Specify)
	MAJOR	MINOR	FROM	TO			

3. TRADE, COMMERCIAL AND SPECIALIZED SCHOOLS

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATE ATTENDED		TOTAL HOURS
		FROM	TO	

4. MILITARY TRAINING (Full time duty in specialized schools such as Ordnance, Intelligence, Communications, etc.)

NAME OF SCHOOL	STUDY OR SPECIALIZATION	DATE ATTENDED		TOTAL HOURS
		FROM	TO	

5. OTHER EDUCATIONAL TRAINING NOT INDICATED ABOVE

**DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1951**

IMPORTANT
Read instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

[Empty box for name and date of birth]

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change any Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

August 30, 1956

(Date of execution—month, day, year)

SIGNATURE OF INSURED

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Empty box for witnesses to signature]

PRINT OR TYPE NAME AND ADDRESS OF INSURED

[Empty box for name and address of insured]

THIS SPACE RESERVED FOR RECEIVING AGENCY

MAIL ROOM

SEP 31 11 27 AM '56

OFFICE OF PERSONNEL

IMPORTANT—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

How To Designate ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

How To Designate MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

How To Designate A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

How To CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

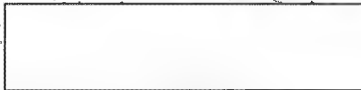
Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations.			

*Do not write names as Mr. J. Brown as Mrs. John H. Brown.
 **Do show that the share to be paid to the named beneficiary and not to the estate.

CONFIDENTIAL

TO : Chief, Fiscal Division 1405 Alcott Hall
FROM : Chief, Records and Services Division
SUBJECT: SF-2808

Attached is SF-2808 (Designation of Beneficiary) for:



Date 21 JUN 1955

Please sign second copy and return to:

Chief, Transactions and Records Branch
Room 187
Curie Hall



CONFIDENTIAL

APPOINTMENT AFFIDAVITS

IMPORTANT.— Before swearing to these appointment affidavits, you should read and understand the attached information for appointee

CENTRAL INTELLIGENCE AGENCY

(Department or agency)

WASHINGTON, D.C.

(Bureau or Division)

(Place of employment)

I, , do solemnly swear (or affirm) that—

A. OATH OF OFFICE

I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; that I take this obligation freely without any mental reservation or purpose of evasion; that I will well and faithfully discharge the duties of the office on which I am about to enter, **SO HELP ME GOD.**

B. AFFIDAVIT AS TO SUBVERSIVE ACTIVITY AND AFFILIATION

I am not a Communist or Fascist. I do not advocate nor am I a member of any organization that advocates the overthrow of the Government of the United States by force or violence or other unconstitutional means or seeking by force or violence to deny other persons their rights under the Constitution of the United States. I do further swear (or affirm) I will not so advocate, nor will I become a member of such organization during the period that I am an employee of the Federal Government.

C. AFFIDAVIT AS TO STRIKING AGAINST THE FEDERAL GOVERNMENT

I am not engaged in any strike against the Government of the United States and that I will not so engage while an employee of the Government of the United States; that I am not a member of an organization of Government employees that asserts the right to strike against the Government of the United States, and that I will not, while a Government employee, become a member of such an organization.

D. AFFIDAVIT AS TO PURCHASE AND SALE OF OFFICE

I have not paid, or offered or promised to pay, any money or other thing of value to any person, firm or corporation for the use of influence to procure my appointment.

E. AFFIDAVIT AS TO DECLARATION OF APPOINTEE

The answers given in the Declaration of Appointee on the reverse of this form are true and correct.

15 June 1955

(Date of entrance on duty)

Subscribed and sworn before me this 15th day of June, A. D. 1955

at Washington, D.C.

[SEAL]

NOTE.— If the oath is taken before a Notary Public the date of expiration of his commission should be shown.

DECLARATION OF APPOINTEE

This form is to be completed before entrance on duty. Answer all questions. Any false statement in this declaration will be grounds for cancellation of application or dismissal after appointment. Imprisonment is a criminal offense and will be prosecuted accordingly.

1. PRESENT ADDRESS (street and number, city and State)

1 (A)	1 (B)	1 (C)	1 (D)	1 (E)	1 (F)	1 (G)	1 (H)	1 (I)	1 (J)
-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

2. DO YOU, THE UNITED STATES GOVERNMENT EMPLOY, IN A CIVILIAN CAPACITY, ANY RELATIVE OF YOURS (EITHER BY BLOOD OR MARRIAGE) WITH WHOM YOU LIVE OR HAVE EVER LIVED IN THE PAST 12 MONTHS? YES NO
 If so, for each such relative fill in the blanks below. If additional space is necessary, complete under item 10.

NAME	POST OFFICE ADDRESS (Give street number, if any)	(1) POSITION (2) TEMPORARY OR NOT, (3) DEPARTMENT OR AGENCY IN WHICH EMPLOYED	RELATIONSHIP	MARRIAGE	SINGLE

INDICATE "YES" OR "NO" ANSWER BY PLACING "X" IN PROPER COLUMN	YES	NO	ITEM NO.	10. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS WRITE IN LEFT COLUMN NUMBERS OF ITEMS TO WHICH DETAILED ANSWERS APPLY.
3. ARE YOU A CITIZEN OF OR DO YOU OWE ALLEGIANCE TO THE UNITED STATES?	X			
4. ARE YOU AN OFFICIAL OR EMPLOYEE OF ANY STATE, TERRITORY, COUNTY, OR MUNICIPALITY? <i>If your answer is "Yes", give details in item 10.</i>		X		
7. DO YOU RECEIVE ANY ANNUITY FROM THE UNITED STATES OR PAYMENT OF COMPENSATION UNDER ANY FEDERAL LAW OR ANY PROVISION OF OTHER COMPENSATION FOR MILITARY OR NAVAL SERVICE? <i>If your answer is "Yes", give in item 10 reason for retirement, that is, age, physical disability, or the reason of voluntary or involuntary separation after 5 years service, amount of retirement pay, and under what retirement act, and rating, if retired from military or naval service.</i>		X		
8. HAVE YOU BEEN APPOINTED TO ANY POSITION IN THE FEDERAL GOVERNMENT WHICH YOU HAVE NOT BEEN EMPLOYED IN? <i>If your answer is "Yes", give in item 10 the name and address of employer, date and reason in each case.</i>		X		
9. HAVE YOU BEEN ARRESTED (NOT INCLUDING TRAFFIC VIOLATIONS FOR WHICH YOU RECEIVED A CITIZENSHIP OR TRAFFIC VIOLATION OR FOR WHICH YOU RECEIVED A CITIZENSHIP OR TRAFFIC VIOLATION) IN THE UNITED STATES? <i>If your answer is "Yes", list all such cases under item 10. Give in each case: (1) the date, (2) the nature of the offense or violation, (3) the name and title of the court in the penalty imposed, if any, or other disposition of the case if appointed, your arguments, if any, taken.</i>		X		

INSTRUCTIONS TO APPOINTING OFFICER

The appointing officer before whom the foregoing certificate is made shall determine to his own satisfaction that the appointing officer is duly qualified, with the Civil Service Act, and that the Civil Service Rules and Regulations and acts of Congress pertaining to appointments.

This form should be checked for the listing of office position, suitability to the position, with one record of recent discharge or record, and qualifications for the following:

(1) *Identity of appointee* - It is the duty of the appointing officer to check against the appointing officer's records and records of the appointing officer in the case of the appointing officer and check the appointing officer's records and records of the appointing officer in the case of the appointing officer and check the appointing officer's records and records of the appointing officer in the case of the appointing officer.

(2) *Age* - If definite age limits have been established for the position, it should be determined that applicant is not outside the age range for appointment. Under such limitations as may be applicable, the appointing officer should be responsible for checking the citizenship requirements of (1) the Civil Service Rules and Regulations and (2) the appointing officer's records and records of the appointing officer in the case of the appointing officer.

(3) *Members of Family* - Section 1 of the Civil Service Act prohibits of members of family of the appointing officer in the case of the appointing officer and check the appointing officer's records and records of the appointing officer in the case of the appointing officer.

Standard Form No. 64
September 1954
U. S. Civil Service Commission
7, F. R. Chapter 21

DESIGNATION OF BENEFICIARY
FEDERAL EMPLOYEES' GROUP LIFE
INSURANCE ACT OF 1954

IMPORTANT
Read Instructions
on back of duplicate
before filling in this form

INFORMATION CONCERNING THE INSURED:

NAME (Last) (First) (Middle) DATE OF BIRTH (Month, day, year)

OFFICE OF: [Redacted]

DEPARTMENT OR AGENCY IN WHICH EMPLOYED (If retired, so state and give "CSA" or "CSI" number):

CIA
(Department or agency) (Bureau) (Division)

I, the employee or annuitant identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Act heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of GROUP LIFE INSURANCE and GROUP ACCIDENTAL DEATH INSURANCE due and payable at my death. I understand that this Designation of Beneficiary will remain in full force and effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as I become insured in a department or agency other than the above, or until such time as I become insured as a retired employee, in which event this Designation of Beneficiary shall terminate.

INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES:

Type or print first name, middle initial, and last name of each beneficiary Type or print address of each beneficiary Relationship Share to be paid to each beneficiary

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]
[Redacted]	[Redacted]	[Redacted]	[Redacted]

I hereby direct, unless otherwise indicated above, that, if more than one beneficiary is named, the share of any deceased beneficiary who may predecease me shall be distributed equally among the surviving beneficiaries, or entirely to the survivor. I understand that this Designation of Beneficiary shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change my Designation of Beneficiary at any time without knowledge or consent of the beneficiary.

JUNE 15, 1955
(Date of execution—month, day, year)

WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

[Redacted]

PRINT OR TYPE NAME AND ADDRESS OF INSURED

THIS SPACE RESERVED FOR RECEIVING AGENCY

[Redacted]

Rec'd Off of Personnel
6/15/55

(Indicate date and by whom received)

IF INSTALLED AS AN EMPLOYEE, COLLECT BOTH COPIES TO THE PROPER OFFICE OF YOUR AGENCY - DUPLICATE WILL BE NOTED AND RETURNED. IF INSTALLED AS AN ANNUITANT, SEND BOTH COPIES TO THE CIVIL SERVICE COMMISSION, WASHINGTON 25, D. C. - DUPLICATE WILL BE NOTED AND RETURNED.

IMPORTANT.—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Act you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any group life and accidental death insurance payable under that act at your death.

EXAMPLES OF DESIGNATIONS

HOW TO DESIGNATE ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

HOW TO DESIGNATE MORE THAN ONE BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

HOW TO DESIGNATE A CONTINGENT BENEFICIARY

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary

HOW TO CANCEL A DESIGNATION OF BENEFICIARY SO THAT AMOUNT DUE WILL BE PAYABLE AS PROVIDED IN THE LAW

Type or print first name, middle initial, and last name of each beneficiary	Type or print address of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

*Do not write name as Mr. E. Brown or as Mrs. John H. Brown.
 **Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

STATEMENT OF PRIOR FEDERAL AND MILITARY SERVICE

IMPORTANT: The information on this form will be used in determining creditable service for leave purposes and retention credits for reduction in force. The employee should complete Part I and the Personnel Office should complete Parts II through IV.

PART I—EMPLOYEE'S STATEMENT

PART II—THIS COLUMN IS FOR PERSONNEL OFFICE USE

1. NAME (Last, first, middle initial):

2. DATE OF BIRTH:

9. RETENTION GROUP:

10. CSC STATUS (For permanent employees only):
 YES NO

3. LIST THE FOLLOWING INFORMATION CONCERNING ALL FEDERAL AND DISTRICT OF COLUMBIA SERVICE YOU HAVE HAD PRIOR TO YOUR PRESENT APPOINTMENT (Do not include military service.)

NAME AND LOCATION OF AGENCY	FROM—			TO—			TYPE OF APPOINTMENT IF KNOWN
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
CIA	55	6	15				

11. SERVICE

YEAR	MONTH	DAY

4. LIST PERIODS OF SERVICE IN ANY BRANCH OF THE ARMED FORCES OF THE UNITED STATES. IF YOU HAD NO MILITARY SERVICE, WRITE "NONE."

BRANCH	FROM—			TO—			DISCHARGE (Hon. or dishon?)
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	
U.S. ARMY	1952	NOV	17	1959	NOV	16	HON.

12. TOTAL SERVICE

YEAR	MONTH	DAY
2	00	00

5. DURING PERIODS OF EMPLOYMENT SHOWN IN ITEM 3, DID YOU HAVE A TOTAL OF MORE THAN 6 MONTHS ABSENCE WITHOUT PAY, INCLUDING PERIODS OF MERCHANT MARINE SERVICE, DURING ANY ONE CALENDAR YEAR? YES NO

13. NONCREDITABLE SERVICE (Leave purposes only):

YEAR	MONTH	DAY
1	1	29

TYPE OF LEAVE (LWOP, Sick, SLD, AWOL, Mat. Mar)	FROM—			TO—			TOTAL		
	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEARS	MONTHS	DAYS

14. NONCREDITABLE SERVICE (RIF purposes only):

YEAR	MONTH	DAY

6. DURING THE FEDERAL SERVICE LISTED IN ITEM 3, DID YOU ACQUIRE A PERMANENT COMPETITIVE CIVIL SERVICE STATUS? YES NO
 (If answer is "Yes," in what agency were you employed at the time status was acquired?)

15. REEMPLOYMENT RIGHTS

YES NO

7. ARE YOU:
 A. THE WIFE OF A DECEASED VETERAN? YES NO
 B. THE MOTHER OF A DECEASED OR DISABLED VETERAN? YES NO
 C. THE UNDEVELOPED WIDOW OF A VETERAN? YES NO

16. RETENTION RIGHTS

YES NO

8. TO BE EXECUTED BEFORE A NOTARY PUBLIC OR OTHER PERSONS AUTHORIZED TO ADMINISTER OATHS.

17. EXPIRATION DATE OF RETENTION RIGHTS

I swear (or affirm) that the above statements are true to the best of my knowledge and belief.

15 June 1955
 (DATE)

(SIGNATURE)

Subscribed and sworn to before me on this 15th day of June 1955 at Washington, D.C.

BEAL

(OFFICIAL TITLE)

NOTE: If oath is taken before a Notary Public, the date of expiration of his Commission should be shown.

**PART III.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
LEAVE PURPOSES**

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 13).....			
NONCREDITABLE SERVICE (Item 13).....			
CREDITABLE SERVICE (Leave purposes).....			
ENTRANCE ON DUTY DATE (Present agency).....	5	5	25
LESS CREDITABLE SERVICE (Leave purposes).....	1	1	29
SERVICE COMPUTATION DATE (Leave purposes).....	54	4	16

Required 1/11/57

**PART IV.—DETERMINING CREDITABLE SERVICE
AND SERVICE COMPUTATION DATE FOR
REDUCTION IN FORCE PURPOSES**

*(To be completed only in those cases when the amount of creditable service for reduction
in force purposes differs from the amount creditable for leave purposes)*

	YEARS	MONTHS	DAYS
TOTAL SERVICE (Item 13).....			
NONCREDITABLE SERVICE (Item 14).....			
CREDITABLE SERVICE (RIF purposes).....			
ENTRANCE ON DUTY DATE (Present agency).....			
LESS CREDITABLE SERVICE (RIF purposes).....			
SERVICE COMPUTATION DATE (RIF purposes) <i>(Enter as the "service computation date" on the employee's "Service Record Card," SF-1)</i>			

REMARKS:

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]	3. GRADE GS-13
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DDP/FE/[Redacted]		5. PRESENT POSITION Ops Officer - [Redacted]	6. EMPLOYEE EXTENS. 6109
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) OPS Officer-4947-GS-13	
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 10 May 1969	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request evaluation of current medical for proposed PCS assignment			
13. DATE OF REQUEST 24 Jan 1969		14. [Redacted]	15. ROOM NUMBER AND BUILDING 5 H 22
		16. EXTENSION 6109	
17. OFFICE OF MEDICAL SERVICES DISPOSITION			
18. OFFICE OF SECURITY DISPOSITION			
OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION 27 MAR 1969 GAILYD [Redacted] [Redacted] Chairman, Overseas [Redacted]			
REQUEST FOR PCS OVERSEAS EVALUATION			

SECRET

1. NAME (Last, First, Middle) [Redacted]		2. DATE OF BIRTH [Redacted]	3. GRADE GS-12
4. OFFICE, DIVISION, BRANCH (or overseas station and existing cover if lateral assignment) DLP/7E [Redacted]		5. PRESENT POSITION Ops Officer	6. EMPLOYEE EXTENSION 140
7. PROPOSED STATION [Redacted]		8. PROPOSED POSITION (Title, Number, Grade) Ops Officer/4941/OS-13	
9. [Redacted]		10. ESTIMATED DATE OF DEPARTURE 1 June 1968	11. NO. OF DEPENDENTS TO ACCOMPANY 3
12. COMMENTS Request that Subject's [Redacted] physical be re-evaluated for the above PCS assignment.			
13. DATE OF REQUEST 23 December 1967	14. SIGNATURE OF REQUESTING OFFICIAL [Redacted]	15. ROOM NUMBER AND BUILDING 5 B 22	16. EXTENSION 6109
17. OFFICE OF MEDICAL SERVICES DISPOSITION [Redacted]			
18. OFFICE OF SECURITY DISPOSITION [Redacted]			
19. OVERSEAS CANDIDATE REVIEW PANEL DISPOSITION [Redacted]			
REQUEST FOR PCS OVERSEAS EVALUATION			

file

PERSONAL HISTORY STATEMENT

- Instructions:**
1. Answer all questions completely. If question is not applicable write "NA." Write "unknown" only if you do not know the answer and cannot obtain the answer from personal records. Use the blank pages at the end of this form for extra details on any question or questions for which you do not have sufficient room.
 2. Type, print, or write carefully; illegible or incomplete forms will not receive consideration.

HAVE YOU READ AND DO YOU UNDERSTAND THE INSTRUCTIONS? Yes
(Yes or No)

SEC. 1. PERSONAL BACKGROUND

Telephone: _____

..... UNDER WHAT CIRCUMSTANCES HAVE YOU EVER USED THESE
 NAMES?

HOW LONG? IF A LEGAL CHANGE, GIVE PARTICULARS

(Where?)

(By what authority)

HELD BETWEEN WHAT DATES? TO ANY OTHER NATIONALITY?

(Country)

GIVE PARTICULARS

HAVE YOU TAKEN STEPS TO CHANGE PRESENT CITIZENSHIP? NA GIVE PARTICULARS:

(2)

K. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? U.A.

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA _____
(Number) (Type) (Place of Issue) (Date of Issue)

SEC. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

SEC. 3. MARITAL STATUS

A. SINGLE _____ MARRIED DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

MILITARY SERVICE FROM U.A. TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

(2)

E. IF BORN OUTSIDE U. S. WHEN DID YOU FIRST ARRIVE IN THIS COUNTRY? 1/1

PORT OF ENTRY? _____ ON PASSPORT OF WHAT COUNTRY? _____

LAST U. S. VISA _____

(Number) (Type) (Place of Issue) (Date of Issue)

Sec. 2. PHYSICAL DESCRIPTION

AGE _____ SEX _____ HEIGHT _____ WEIGHT _____

EYES _____ HAIR _____ COMPLEXION _____ SCARS _____

BUILD _____ OTHER DISTINGUISHING FEATURES _____

Sec. 3. MARITAL STATUS

A. SINGLE _____ MARRIED DIVORCED _____ WIDOWED _____

STATE DATE, PLACE, AND REASON FOR ALL SEPARATIONS, DIVORCES OR ANNULMENTS _____

B. WIFE OR HUSBAND (IF YOU HAVE BEEN MARRIED MORE THAN ONCE—INCLUDING ANNULMENTS—USE A SEPARATE SHEET FOR FORMER WIFE OR HUSBAND GIVING DATA REQUIRED BELOW FOR ALL PREVIOUS MARRIAGES.)

[Empty rectangular box for providing details of previous marriages]

MILITARY SERVICE FROM 1/1 TO _____ BRANCH OF SERVICE _____
(Date) (Date)

COUNTRY _____ DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN _____

(4)

OCCUPATION LAST EMPLOYER

EMPLOYER'S OR OWN BUSINESS ADDRESS
(St. and Number) (City) (State) (Country)

MILITARY SERVICE FROM TO BRANCH OF SERVICE

COUNTRY DETAILS OF OTHER GOVT. SERVICE, U. S. OR FOREIGN

SEC. 7. BROTHERS AND SISTERS (including half, step, and adopted brothers and sisters):

1. FULL NAME AGE
(First) (Middle) (Last)

PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

2. FULL NAME AGE
(First) (Middle) (Last)

PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

3. FULL NAME AGE
(First) (Middle) (Last)

PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

4. FULL NAME AGE
(First) (Middle) (Last)

PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

5. FULL NAME AGE
(First) (Middle) (Last)

PRESENT ADDRESS
(St. and Number) (City) (State) (Country) (Citizenship)

SEC. 8. FATHER-IN-LAW

IF BORN OUTSIDE U. S. INDICATE DATE AND PLACE OF ENTRY 16/11

CITIZENSHIP USA WHEN ACQUIRED? 16/11 WHERE?
(City) (State) (Country)

OCCUPATION LAST EMPLOYER



SEC. 9. MOTHER-IN-LAW

OCCUPATION NA LAST EMPLOYER _____

SEC. 10. RELATIVES BY BLOOD, MARRIAGE OR ADOPTION, WHO EITHER LIVE ABROAD OR WHO ARE NOT CITIZENS OF THE UNITED STATES:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)

SEC. 11. RELATIVES BY BLOOD OR MARRIAGE IN THE MILITARY OR CIVIL SERVICE OF THE U. S. OR OF A FOREIGN GOVERNMENT:

1. NAME NA RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

2. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

3. NAME _____ RELATIONSHIP _____ AGE _____
CITIZENSHIP _____ ADDRESS _____
(St. and Number) (City) (State) (Country)
TYPE AND LOCATION OF SERVICE (IF KNOWN) _____

(14)

F. IF, TO YOUR KNOWLEDGE, ANY OF THE ABOVE HAS CONDUCTED AN INVESTIGATION OF YOU, INDICATE BELOW THE NAME OF THAT AGENCY AND THE APPROXIMATE DATE OF THE INVESTIGATION:

.....
.....
.....
.....

Sec. 26. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME	RELATIONSHIP
ADDRESS
<small>(St. and Number)</small>	<small>(City)</small> <small>(State)</small> <small>(Country)</small>

Sec. 27. YOU ARE INFORMED THAT THE CORRECTNESS OF ALL STATEMENTS MADE HEREIN WILL BE INVESTIGATED.

ARE THERE ANY UNFAVORABLE INCIDENTS IN YOUR LIFE NOT MENTIONED ABOVE WHICH MAY BE DISCOVERED IN SUBSEQUENT INVESTIGATION, WHETHER YOU WERE DIRECTLY INVOLVED OR NOT, WHICH MIGHT REQUIRE EXPLANATION? IF SO, DESCRIBE. IF NOT, ANSWER "NO."

.....
.....
.....
.....

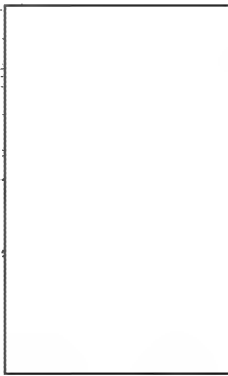
Sec. 28. I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT ANY MISSTATEMENT OR OMISSION AS TO A MATERIAL FACT WILL CONSTITUTE GROUNDS FOR IMMEDIATE DISMISSAL OR REJECTION OF MY APPLICATION.

SIGNED AT WASHINGTON, D. C. DATE AUG 30, 1956
(City and State)

.....
(Witness)



USE THE FOLLOWING PAGES FOR EXTRA DETAILS. NUMBER ACCORDING TO THE NUMBER OF THE QUESTION TO WHICH THEY RELATE. SIGN YOUR NAME AT THE END OF THE ADDED MATERIAL. IF ADDITIONAL SPACE IS REQUIRED USE EXTRA PAGES THE SAME SIZE AS THESE AND SIGN EACH SUCH PAGE.



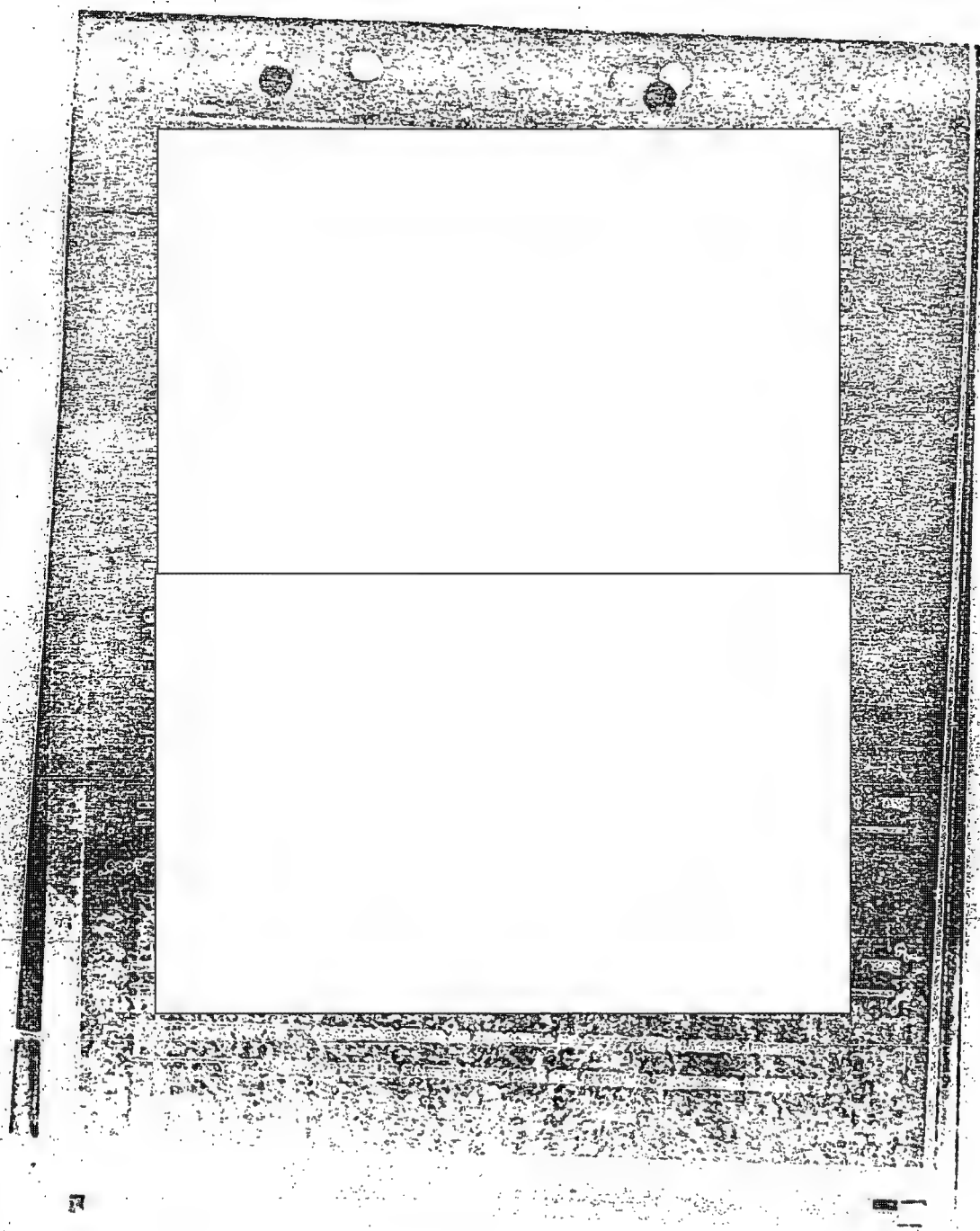
PERSONAL HISTORY STATEMENT

[Large empty rectangular area for writing the personal history statement]

When writing this statement, you should obtain the necessary items from your own records and from your family and friends. You will be receiving copies of this statement.

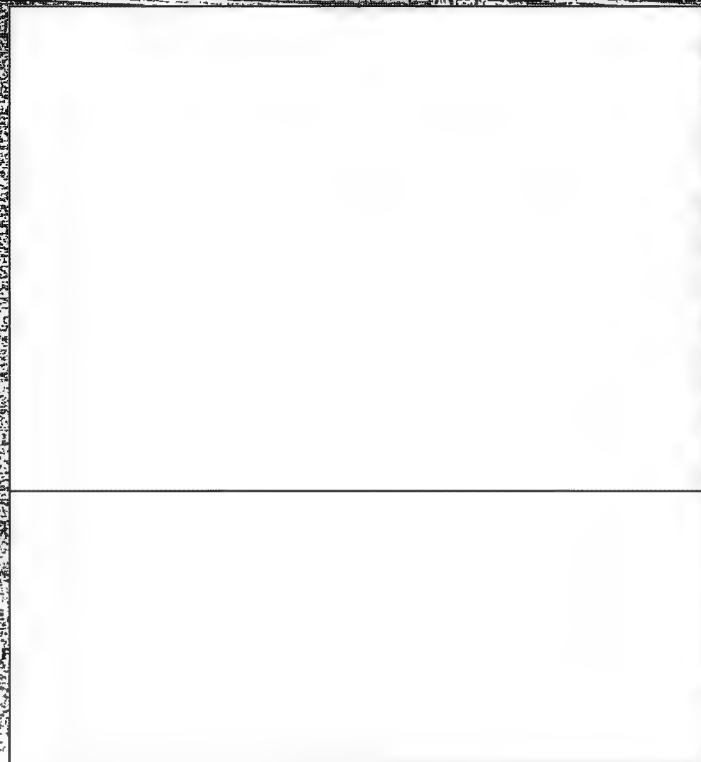
INSTRUCTIONS

1. Write in ink on one side of the page.
2. Write in plain language.
3. Write in your own words.
4. Do not use abbreviations.
5. Do not use slang or colloquialisms.
6. Do not use "I" or "me" unless necessary.
7. Do not use "you" or "your" unless necessary.
8. Do not use "the" or "a" unless necessary.
9. Do not use "and" or "or" unless necessary.
10. Do not use "but" or "because" unless necessary.
11. Do not use "so" or "therefore" unless necessary.
12. Do not use "in" or "on" unless necessary.
13. Do not use "at" or "by" unless necessary.
14. Do not use "with" or "without" unless necessary.
15. Do not use "from" or "to" unless necessary.
16. Do not use "of" or "in" unless necessary.
17. Do not use "on" or "off" unless necessary.
18. Do not use "up" or "down" unless necessary.
19. Do not use "in" or "out" unless necessary.
20. Do not use "into" or "out of" unless necessary.



SEE CHILDREN OR DEPENDENTS (Include partial dependents)

1. NAME	RELATIONSHIP	AGE
ADDRESS		
2. NAME	RELATIONSHIP	AGE
ADDRESS		
3. NAME	RELATIONSHIP	AGE
ADDRESS		



(Insert photo of dependent here)

1. Name

2. Name

3. Name

4. Name

5. Name

6. Name

7. Name

8. Name

9. Name

10. Name

11. Name

12. Name

13. Name

14. Name

15. Name

16. Name

17. Name

18. Name

19. Name

20. Name

21. Name

22. Name

23. Name

24. Name

25. Name

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27. Name

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88. Name

89. Name

90. Name

91. Name

92. Name

93. Name

94. Name

95. Name

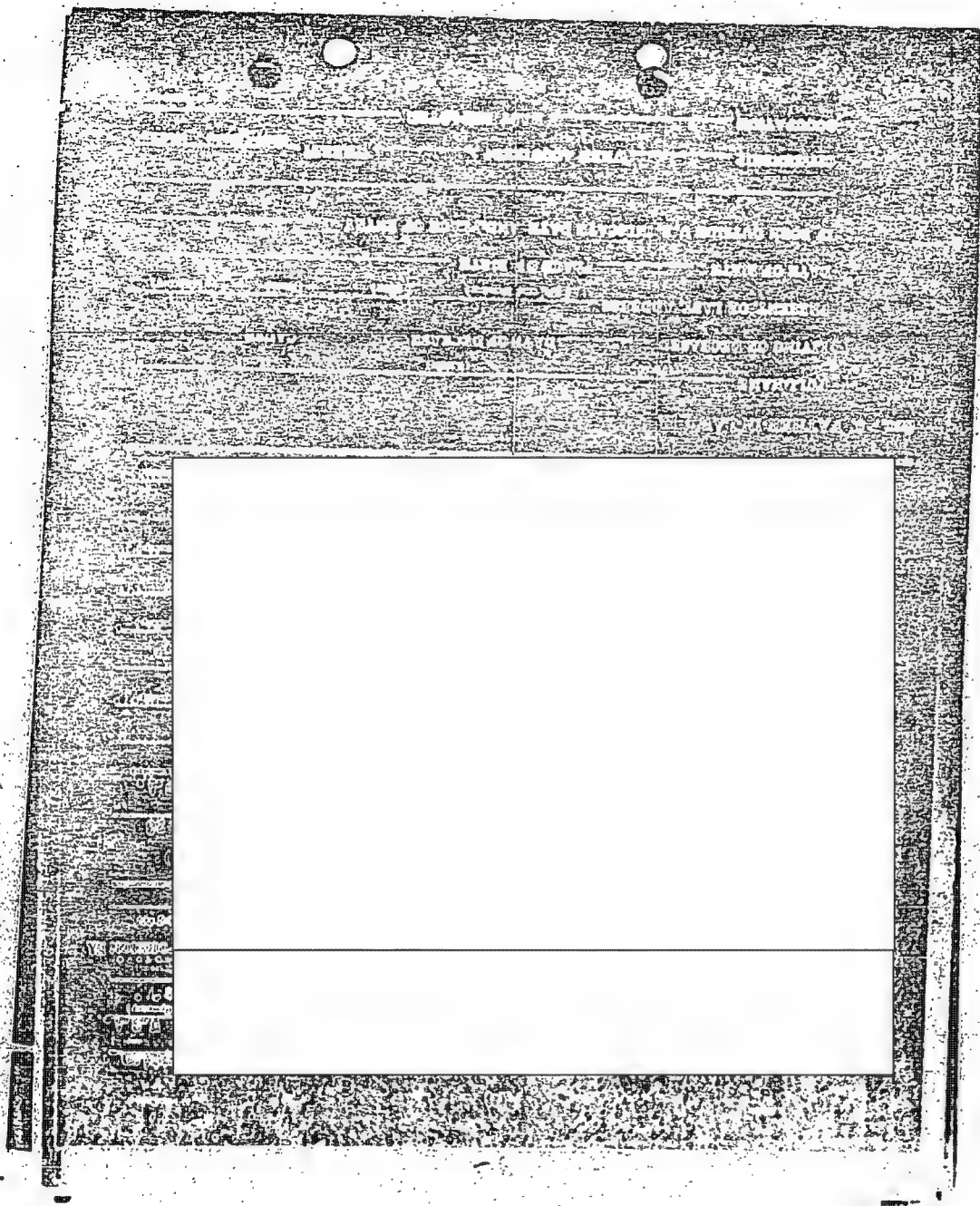
96. Name

97. Name

98. Name

99. Name

100. Name



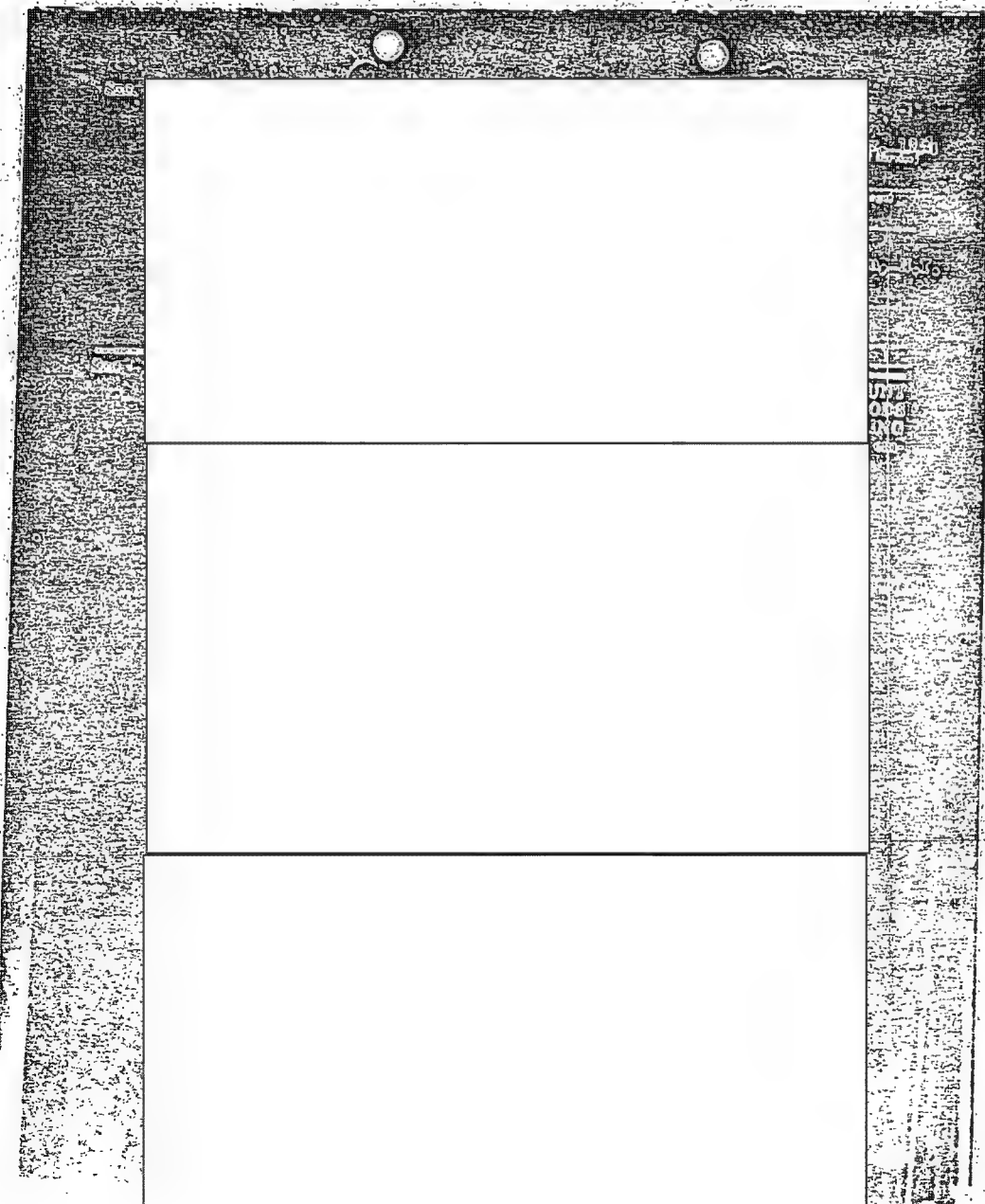
NOTICE OF FILING

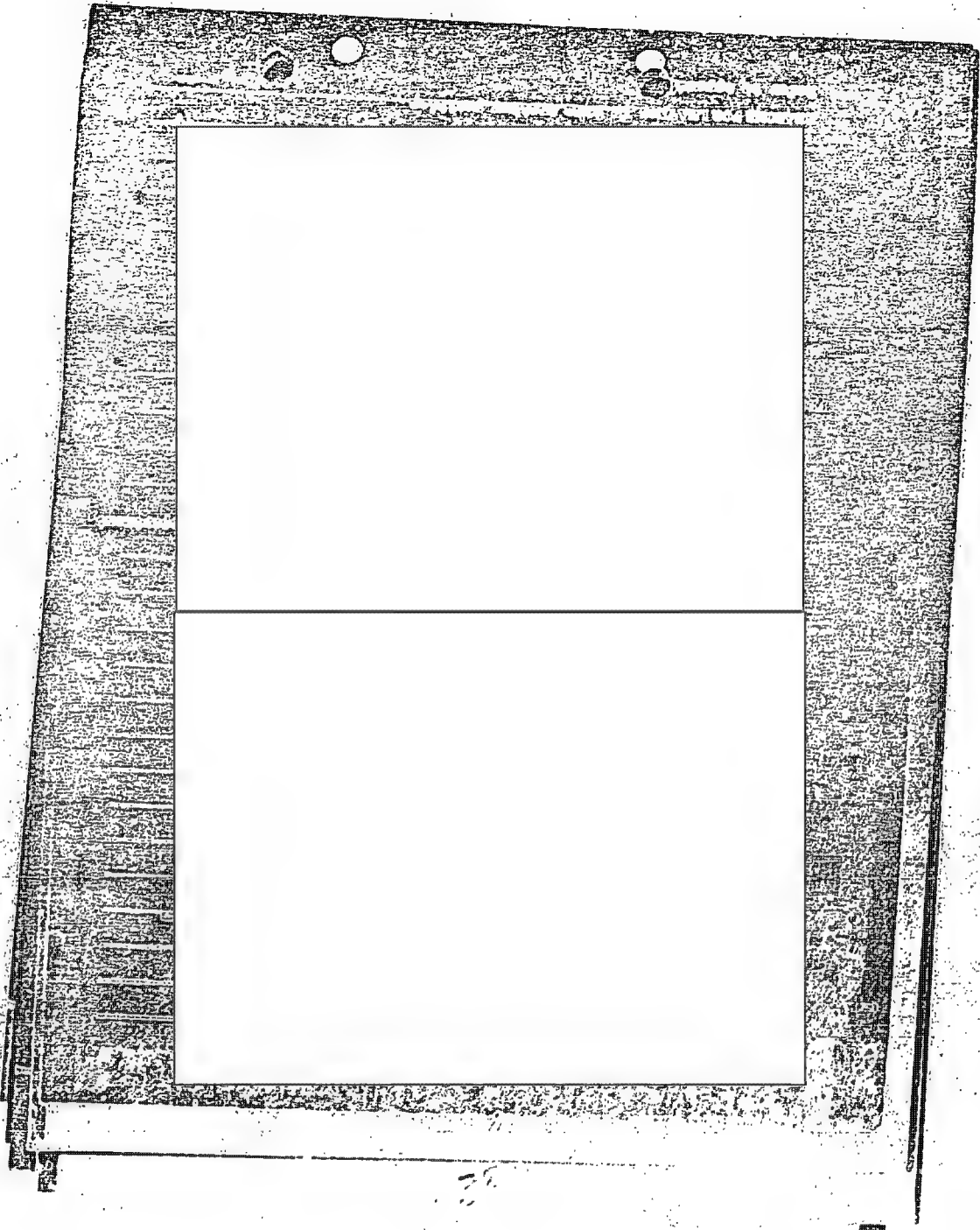
FULL NAME _____
LIVING OR DECEASED _____ DATE OF DEATH _____
PRESENT, OR LAST ADDRESS _____
DATE OF BIRTH _____ PLACE OF BIRTH _____
IF BORN OUTSIDE OF CALIFORNIA DATE AND PLACE OF ENTRY _____
CITIZENSHIP _____ WHEN ACQUIRED _____ WHEREBY _____
OCCUPATION _____

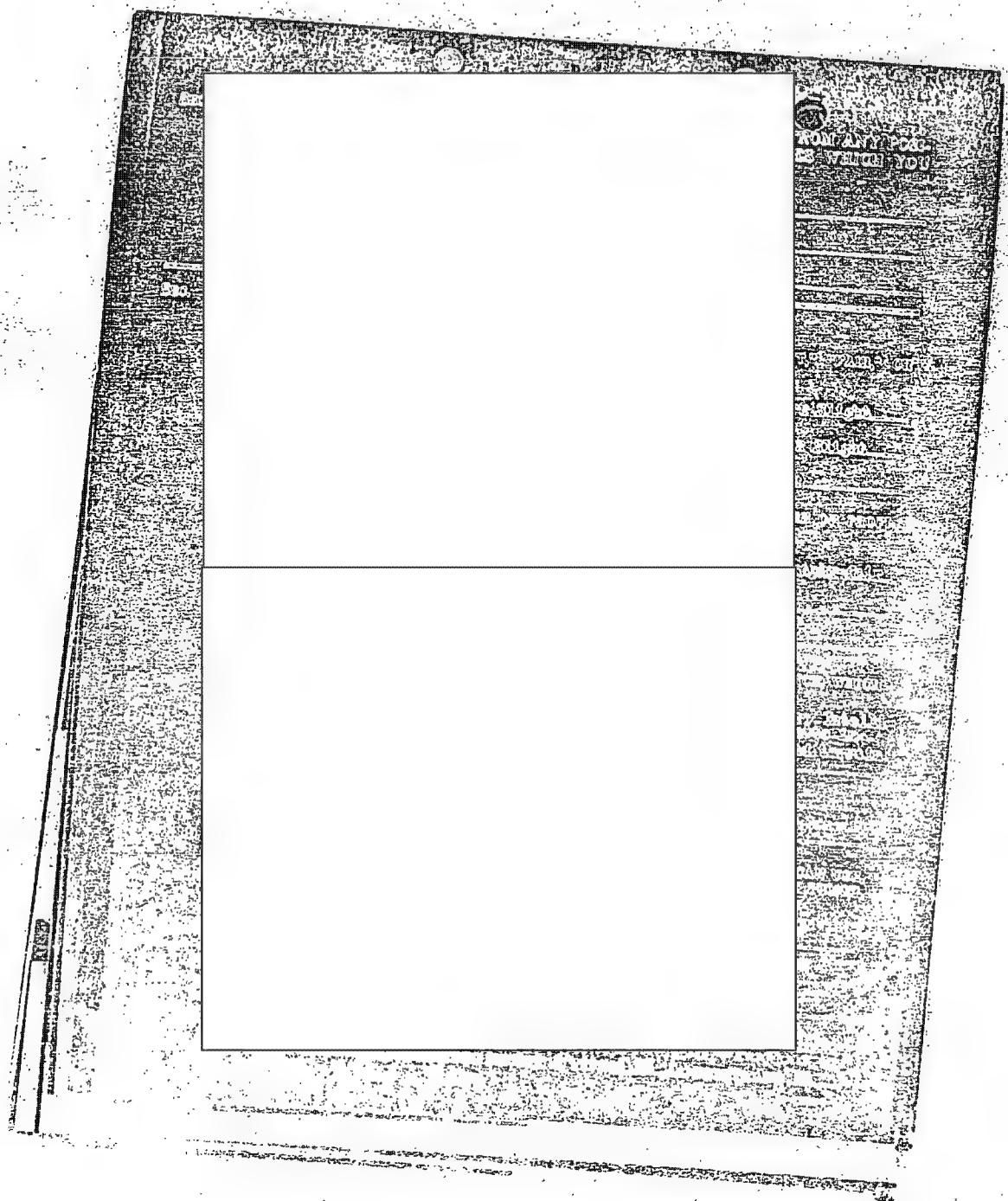


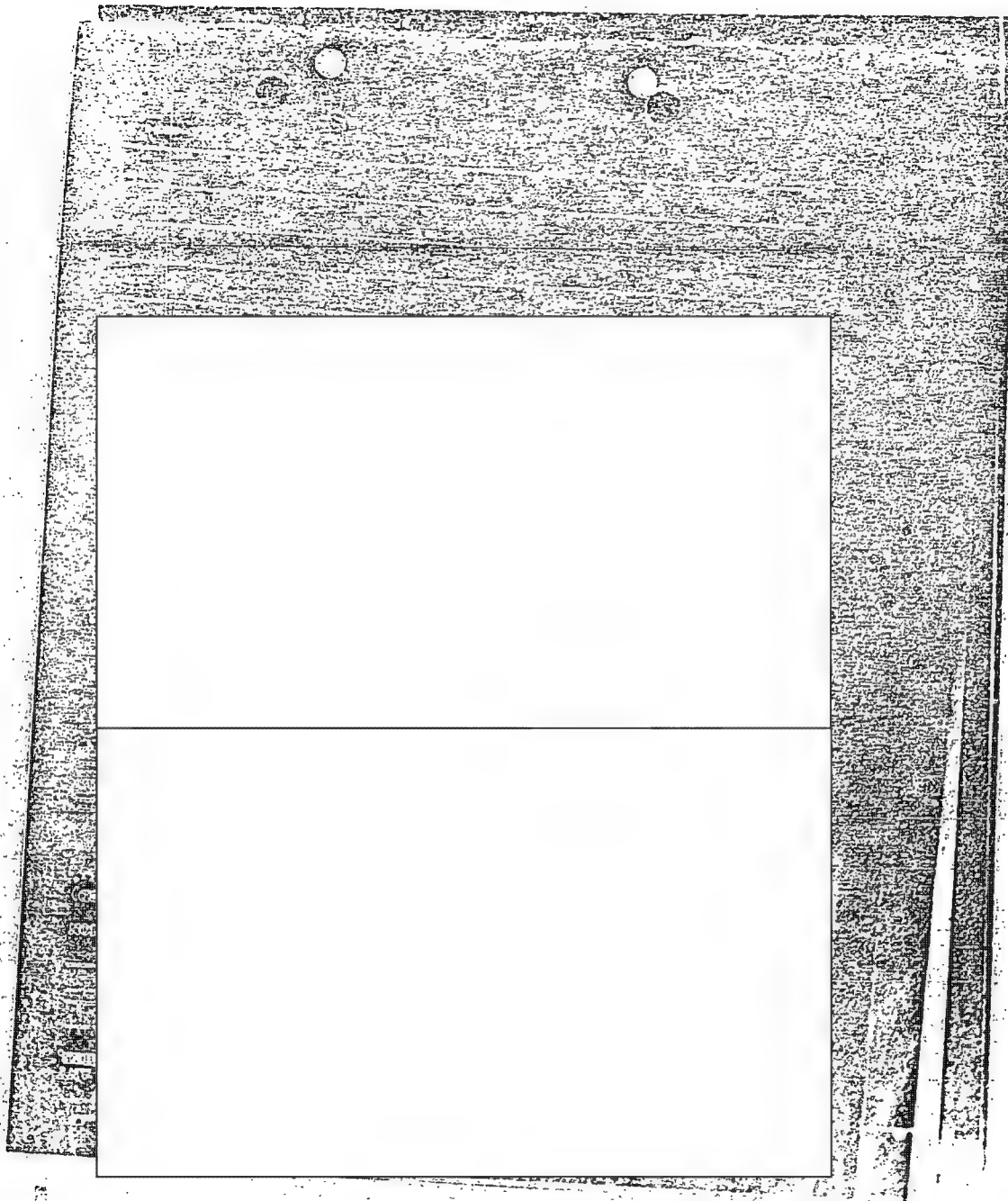
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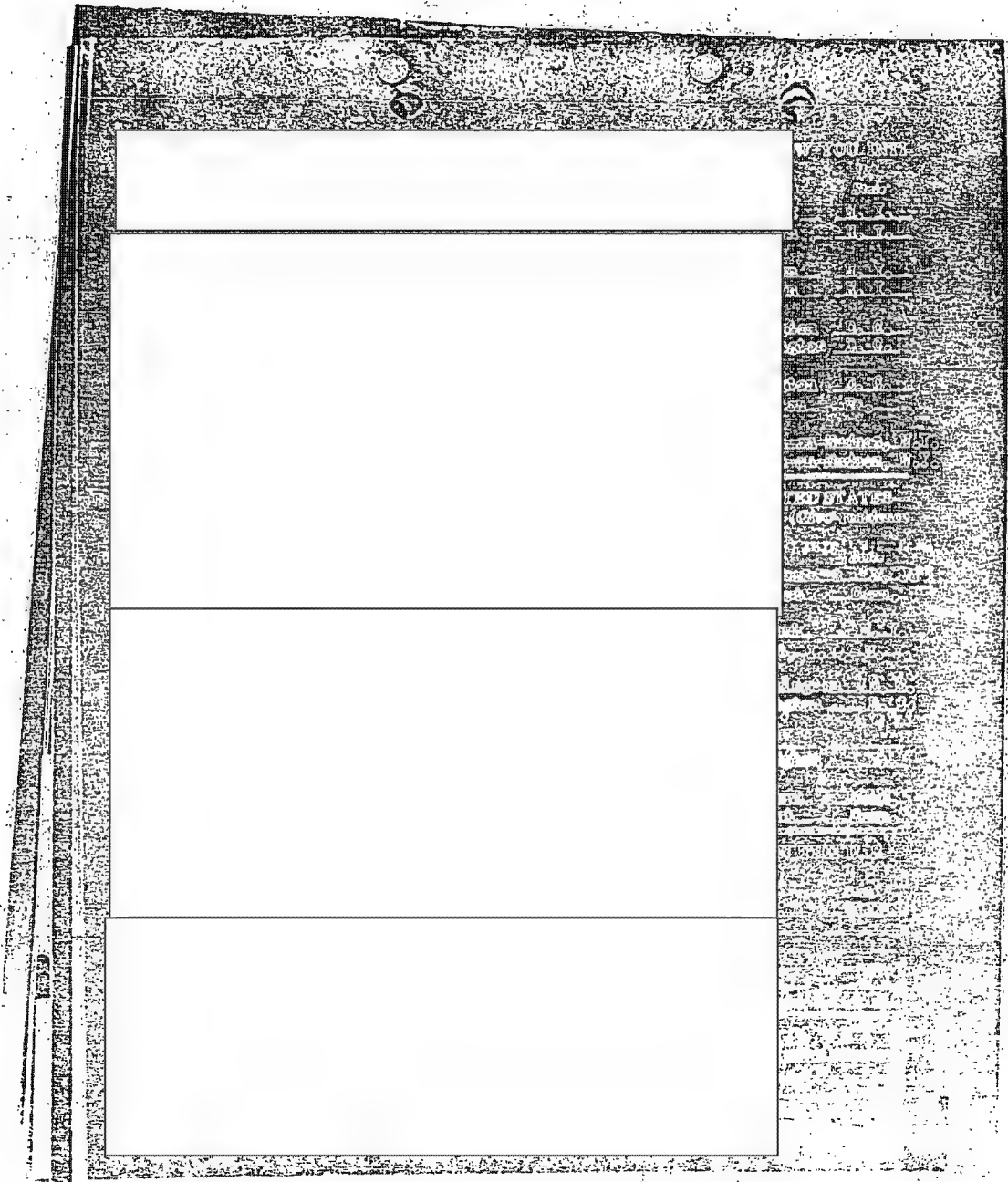
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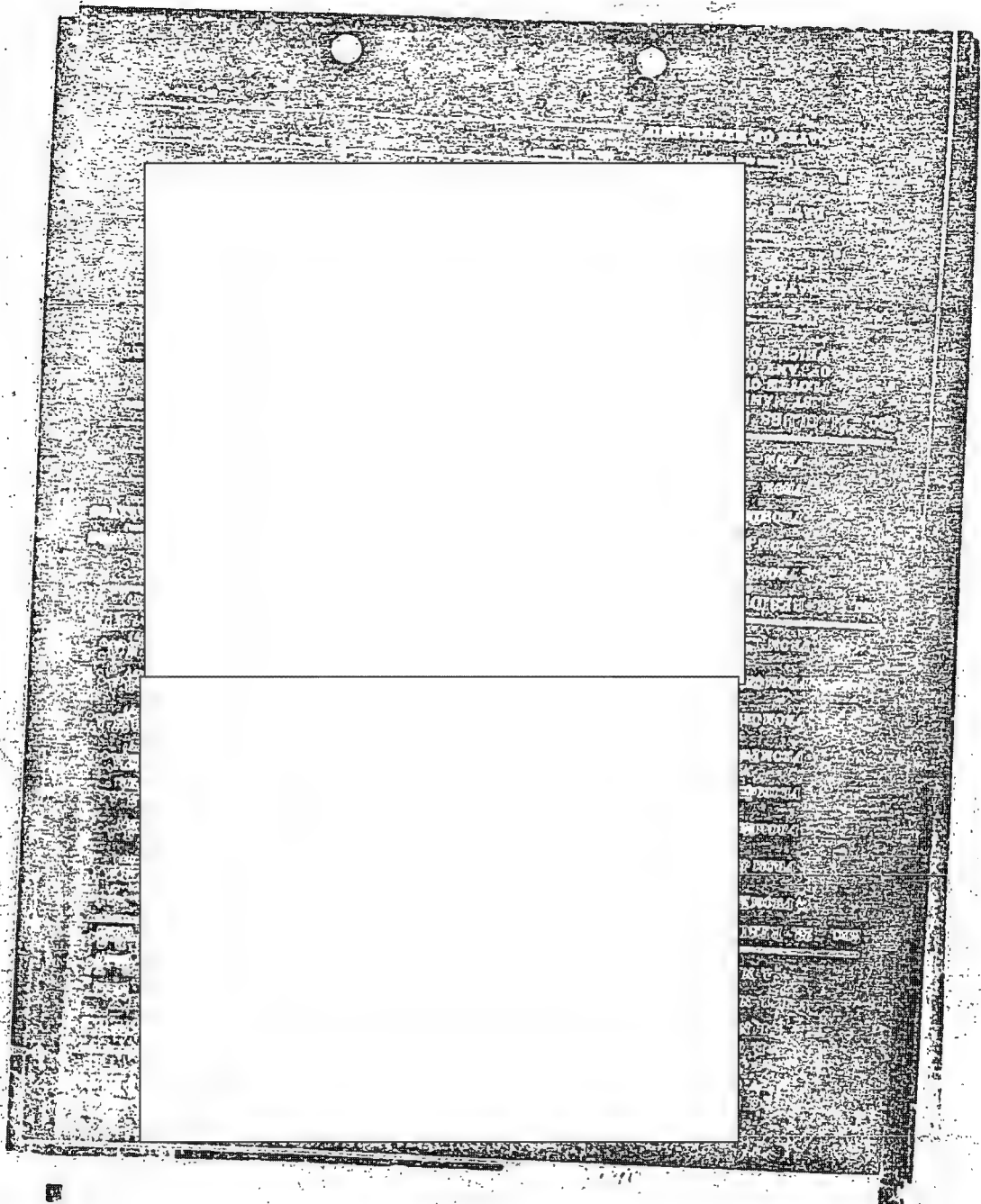


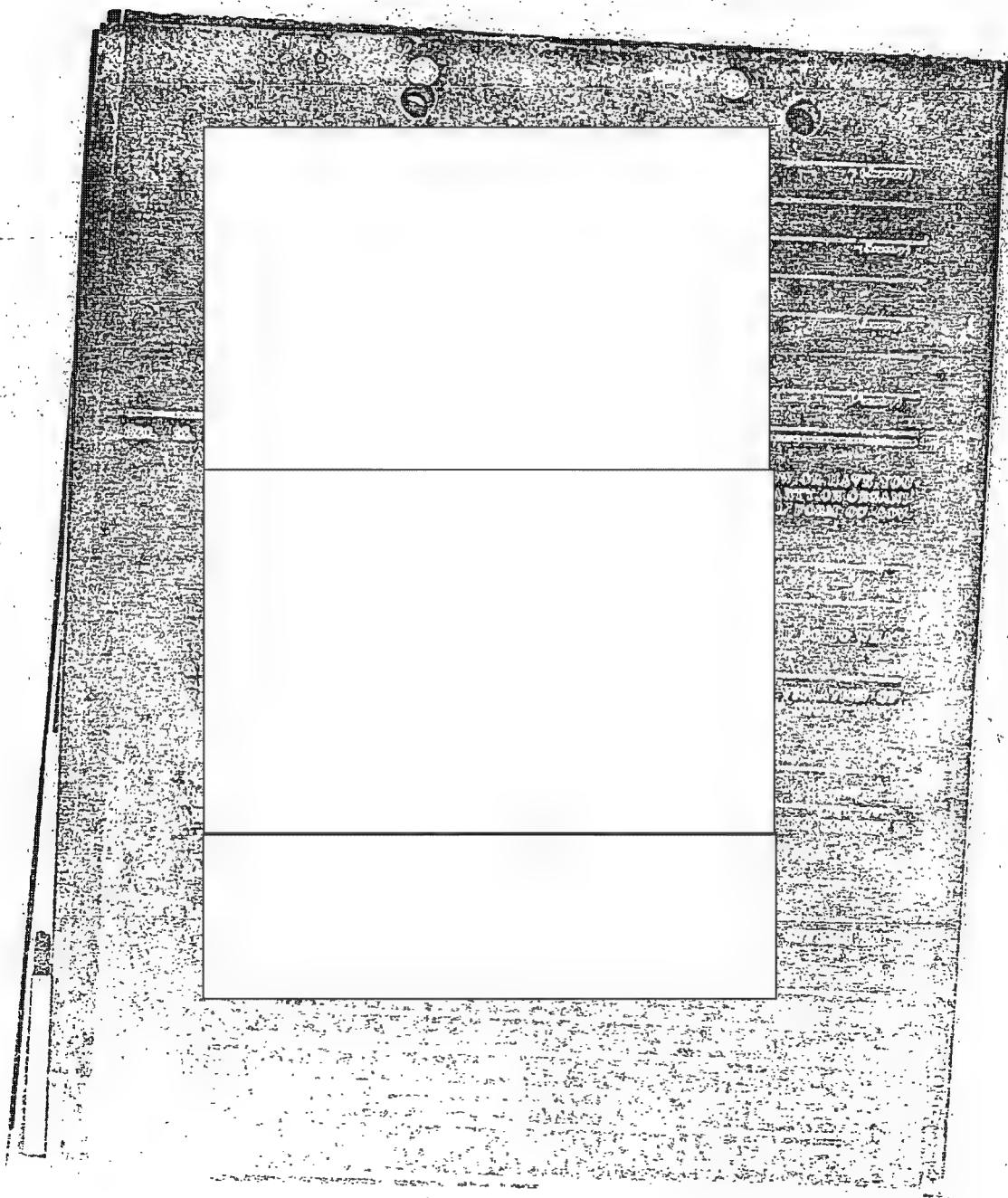


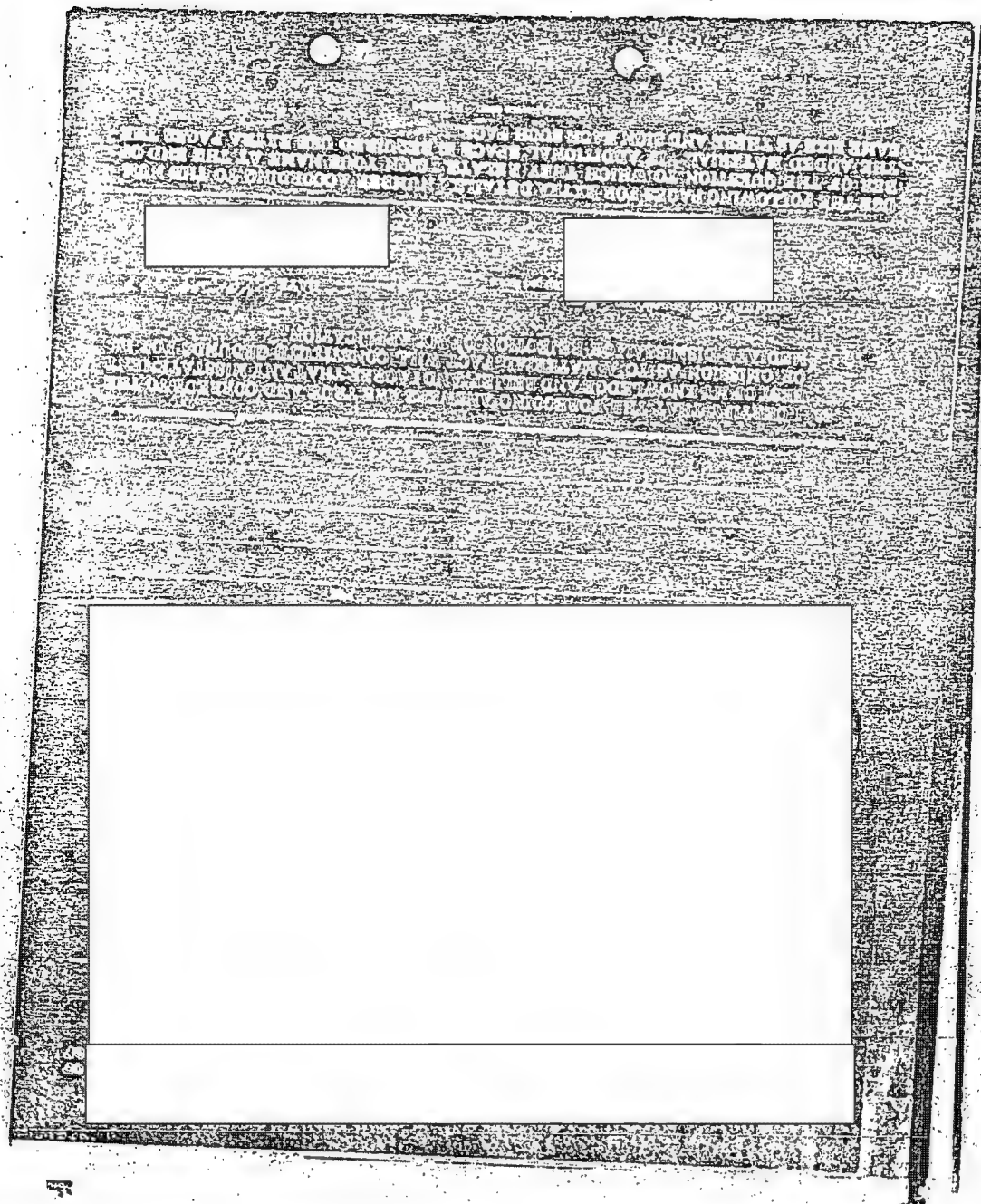


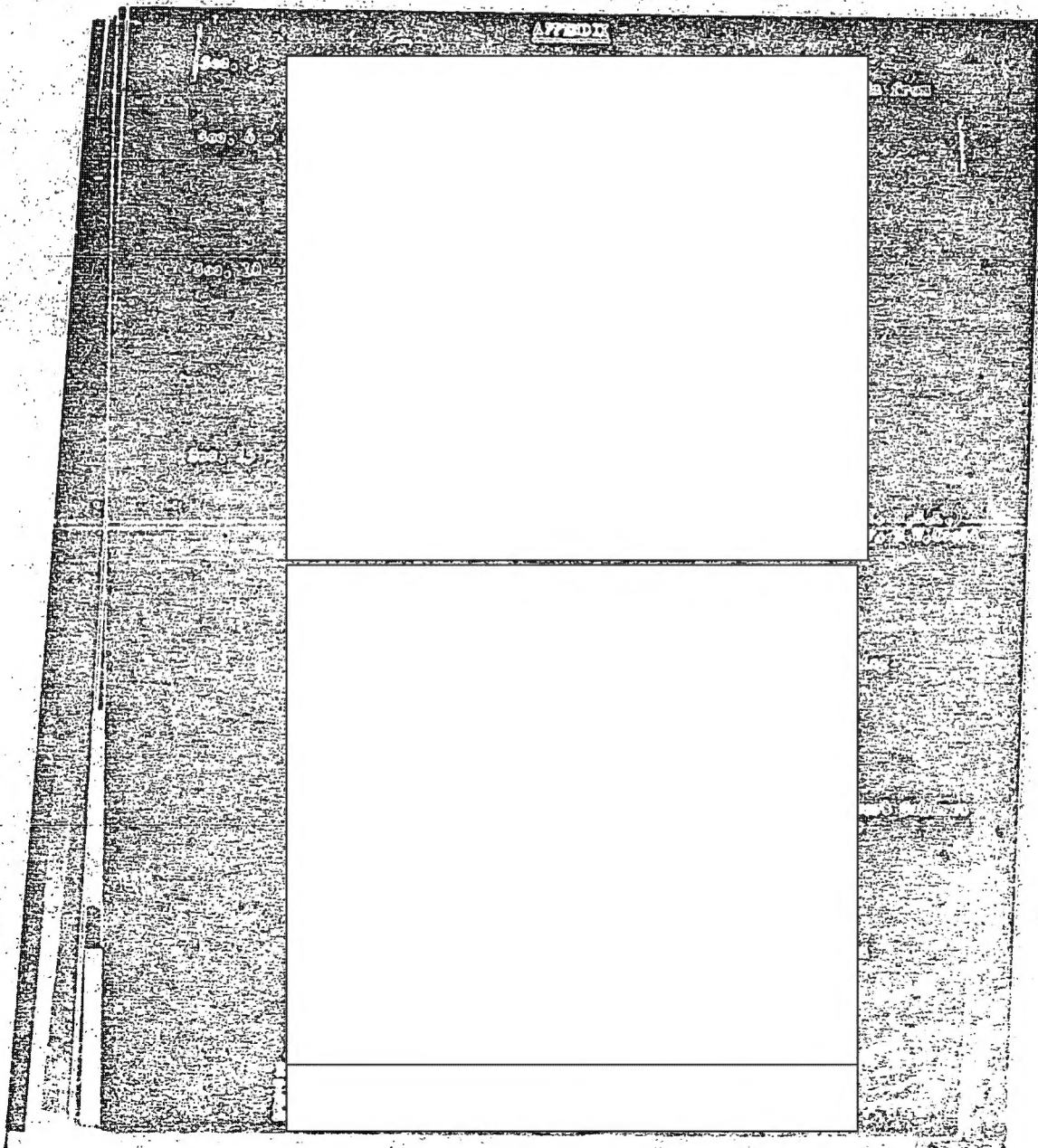


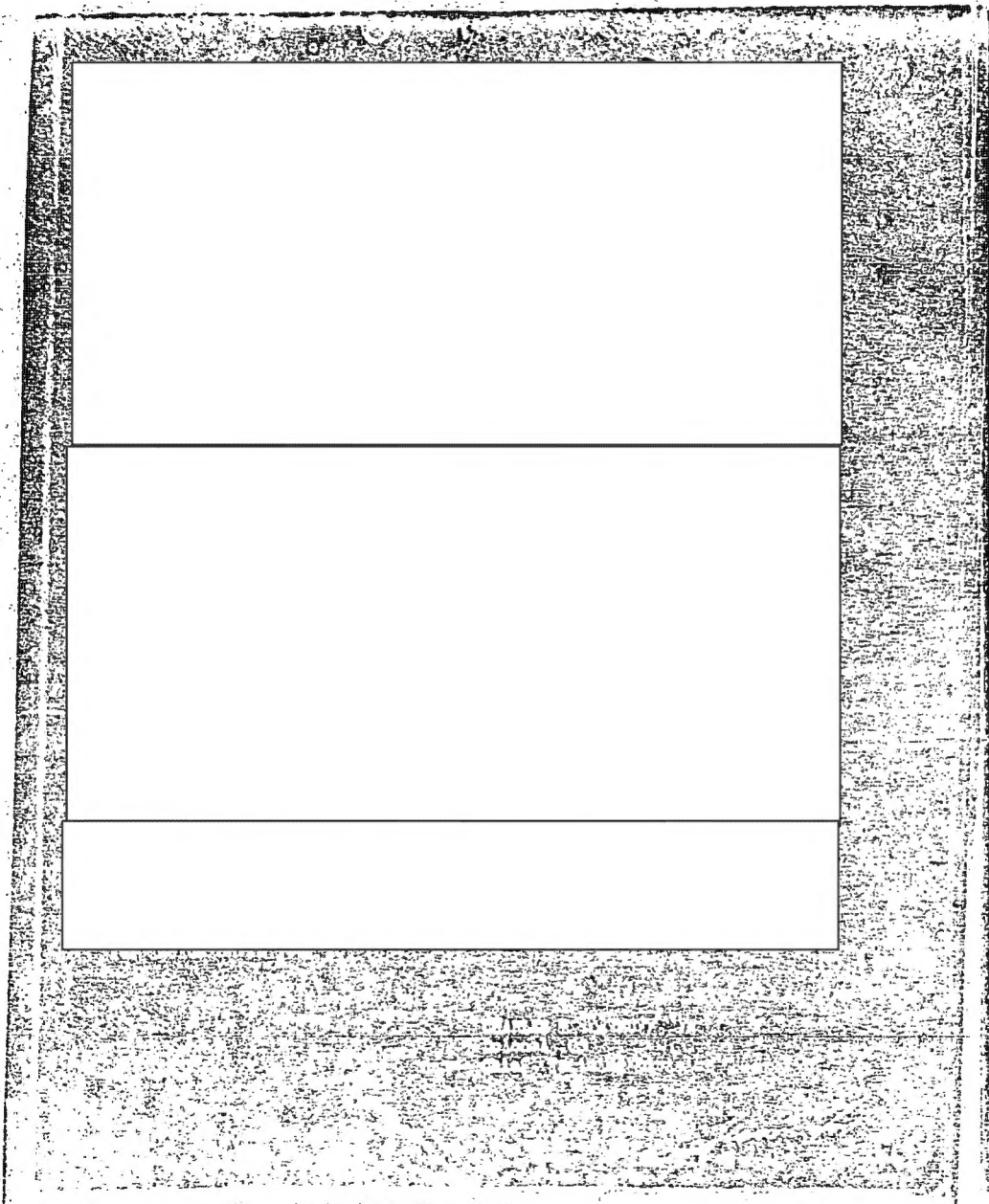












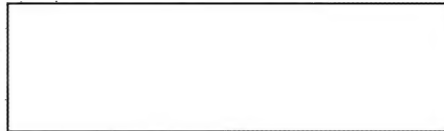
CONFIDENTIAL
SECURITY INFORMATION
SECURITY APPROVAL

Date: 2 August 1955

TO: Chief, Records & Services Division
Personnel Office
FROM: Chief/Security Division
Personnel
SUBJECT: [REDACTED]

Your Reference: SR-9299-A ORR
Case Number: 102815

1. This is to advise you of security action in the subject case as indicated below:
 - Security approval is granted the subject person for access to classified information.
 - Provisional clearance for full duty with CIA is granted under the provisions of Paragraph D of Regulation 10-9 which provides for a temporary appointment pending completion of full security investigation.
 - The Director of Central Intelligence has granted a provisional clearance for full duty with CIA under the provisions of paragraph H of Regulation 10-9.
2. Unless the subject person enters on duty within 60 days from the above date, this approval becomes invalid.
3. Subject is to be polygraphed as part of EOD procedures.



My

*Branch advised
8/4/55*

CONFIDENTIAL

CONFIDENTIAL
SECURITY INFORMATION
INTEROFFICE MEMORANDUM

Date: 27 May 1955

TO: Chief, Processing & Records Division
Personnel Office

FROM: Chief, Security Division
Personnel

SUBJECT: [REDACTED] - #102815

Request No. SR-9299-A - ORR

1. Reference is made to your request for security clearance of the subject person who is being considered for employment in the following position:

Ident. Spec. GS-7, DDI/ORR-Office of the Chief, Washington, D. C.

2. This is to advise you of the following security action:

a. Provisional security clearance is granted to permit subject's employment on a temporary basis in the following area or in the following capacity:

This clearance is granted upon the condition that subject: 1. not have access to classified material; 2. not have access to secure areas; 3. not be issued a badge or credential; 4. not represent himself as a CIA employee; and 5. not be assigned to any unclassified duties other than indicated above.

b. Name-checks have been completed on this person. Arrangements should now be made by your office for an interview in this Division. Upon completion of this interview further consideration will be given to the requested Limited clearance for access to information classified no higher than Secret. If subject has not entered on duty under a previously granted provisional clearance the interview should be arranged after entrance on duty.

c. Subject is security approved for temporary appointment to a position requiring access to information classified no higher than Secret.

Officials of the employing office should be advised of this security limitation and should be instructed to supply future supervisors with advice as to the limitation so as to insure continued compliance.

Security action to effect full approval is continuing and your office will receive advice of full clearance upon completion of this action. Upon receipt of full security clearance, the present limitation will be rescinded and supervisors should be advised accordingly.

3.

[REDACTED]

CONFIDENTIAL